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ABSTRACT

This refereed journal addresses the interests of counselors in school, college, and agency settings and deals with current professional issues, theory, scientific research, and innovative programs and practices. The 1997 volume is comprised of issues number 1 and 2. Number 1 includes the following articles: "Group Counseling for Children of Homeless Families" (Michael M. Onizo and others); "The High School Athlete and the High School Counselor" (Frank Brady); "Behind Closed Doors: Realities, Issues, and Interventions for School Counselors Working with Gay, Lesbian, and Bisexual Youth" (Connie T. Schliebner and others); "Learning about the Concerns of Minority Children: Some Suggestions for School Counselors" (Jesse A. Brinsom); "Sexual Harassment in Schools: What's the Problem?" (Russell A. Sabella); "Brotherhood of Super Stars (BOSS): A Success-in-School Program for African-American Males" (Catherine Wilson and Audrey Hill); "A Cross-Cultural Consultation and Education Program Using Transitional Stages of Counseling" (James F. Malone). Number 2 includes the following articles: "Academic Underachievement in Attention-Deficit Hyperactivity Disorder: Characteristics and Interventions" (Karen Sealander and others); "Early Intervention and the Prevention of School Violence" (Helen S. Lupton-Smith and Edward E. Moody, Jr.; "Women Who Abuse Drugs: An Overview" (Bernadette Halbrook); "Invisible Youth: Counseling Gay and Lesbian Adolescents" (Susan R. Sean); "Common Counselor Struggles with Supervision" (Carl F. Rak and Paula J. Britton); "Employment Opportunities in Higher Education and Candidate Qualifications for Counselor Educators for the Next Five Years at CACREP Accredited Institutions" (Perry C. Francis and Nancy Turner); "Sexual Assaults and Disordered Eating in a Nonclinical Population of Women" (Tracy Bostwick Baldo and others). (RJM)

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The Journal for The Professional Counselor

Special Issue: School Counseling

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The Journal for the Professional Counselor

Special Issue: School Counseling

Guest Editor: David Slater

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Message from the NYCA President

"The Importance of Special Journal Issues"

David M. Kaplan

While each and every edition of the Journal for the Professional Counselor contributes to the knowledge base of its readership (a fact supported by this year's first place journal award from the American Counseling Association), the publication of a special JPC issue provides a unique opportunity to focus in depth on a specific topic or area.

While readers may be appreciative of this opportunity, few are aware that compiling a special issue is an arduous task. First, the editor must solicit a suitable topic and commission a guest editor. Next, the guest editor must solicit manuscripts focusing on the topic, select five to seven of the best ones, and then edit all of these manuscripts simultaneously. The guest editor must then work with the editor in logically sequencing the articles, writing an appropriate introduction, and formatting the issue. All this work is more akin to writing a monograph than it is anything else, and must be completed within a much shorter time frame.

I therefore, would like to express my appreciation to both David Slater and Terry Bordan for their willingness to successfully complete this special issue on school counseling. The results are clearly worth the effort. JPC readers will be able to examine articles from a school counseling perspective on topics that range from student athletes to sexual harassment to special populations.

While this issue will obviously be of great interest to our readers who work in schools, I urge counselors from all other specialties to read these articles. We are counselors first and specialists second, and it is important for mental health, rehabilitation, marriage and family, and all other types of counselors to be aware of the important work and issues that our fellow professional school counselors engage in every day.

Once again, I both congratulate and thank David Slater and Terry Bordan for their tremendous effort in compiling this special issue. Enjoy!

> *The desire of knowledge, like the thirst of riches, increases ever with the acquisition of it*
>
> —Laurence Sterne, *Tristram Shandy*

Core Skills and Key Interventions in School Counseling

Terry Bordan

Although a relatively new profession, school counseling has experienced a pronounced growth in the United States in the 20th century. Whether the school counselor is involved in prevention matters or handling an immediate crisis for a student, the tools of professional counseling are available to be employed.

Although a relatively new profession, school counseling has experienced a pronounced growth in the United States in the 20th century. School counseling, having resulted from the vocational guidance movement, has become an integral, valued dimension of counseling. "Professional counseling is the process of establishing a relationship to identify people's needs, design strategies and services to satisfy these needs, and actively assist in carrying out plans of action to help people make decisions, solve problems, develop self-awareness, and lead healthier lives." (Schmidt, 1993, p.3)

It is the goal of a school counseling program to assist pupils in their quest to potentiate. Prevention and developmental task education/encouragement are essential components in the process. Occasions exist in the life of a student that require direct intervention assistance. Whether it be prevention, developmental task assistance, or handling an immediate crisis, the school counselor has the therapeutic tools of the counseling profession to access when working with the student, parent, and teacher populations.

A significant part of a counselor's time is spent working with pupils in a one-to-one counseling relationship. With the contemporary prioritization on quick and efficient treatment, many counselors are turning to different forms of brief therapy. "Focusing on the positive, the solution, and the future facilitates change in the desired direction. Therefore, focus on solution-oriented talk rather than on problem-oriented talk." (Walter & Peller, 1992,

p.37) Brief therapies permit the focus to immediately be on the students' strengths (Bonnington, 1993). In addition, this form of intervention can be employed with flexibility, thus making it practical for many populations and purposes (Steenbarger, 1992). As counselors are aware of the unique interpretation of events in a student's life, some cognitivists employ the REBT (Rational Emotive Behavior Therapy) schematic. For example, the student who is prone to "awfulizing" a grade may be assisted in challenging that and other irrational, problematic patterns and beliefs in order to function more fully academically and personally. The knowledge that one's belief begets one's emotional consequences which may precipitate behavioral action (e.g.,studying harder and/or better, changing courses, etc.) can be empowering and fruitful. Regardless of the modality employed, it is the individual counselor who will develop his or her own approach to situations and students based on academic orientation and/or work experience (Meier & Davis, 1993).

At the school counselor's fingertips is a familiarization with and an ability to discriminantly use the facilitative response continuum that is the hallmark of the professional counselor. The never-ending journey of acquiring and honing the facilitative responses/skills is an integral part of the professional persona of the school counselor. Attending, genuineness, unconditional positive regard, accurate empathy, and being non-judgmental are at the core of counseling personnel. Listening and attending behaviors allow counselees to feel understood. Reflection skills carry the message that the students' feelings are accepted and validated, while the summarizing responses permit the students to be focused and goal-directed (Schmidt, 1993).

A "caring confrontation" approach works in sync with the aforementioned responses. This "involves the assertive statement of one's observations, reactions, emotions, needs, and desires within the context of the attitudes of active listening." (Westra, 1996, p.133) Along with the appropriate, professional response is the necessity for developing and maintaining an attitude of respect. "Inherent in respect is acknowledgement and honoring of individual diversity in culture, ethnicity, spirituality, sexual orientation, family, educational and socioeconomic background, and ability/disability." (Long, 1996, p.45)

When the counselor is not engaged in individual sessions, the school professional can often be found working with selected students in confidential group sessions in order to help the pupils handle specific concerns. It is here that the students can support each other with particular developmental goals and concerns. The counselor determines the length, the location, and the number of sessions to be held. In this context, as well as many others, the counselor needs to coordinate efforts with teachers (e.g., staggering group sessions). Group guidance and counseling has been found to enhance social acceptance and self-

esteem (Shechtman, & Bar-El, 1994). Tomori (1995) has found small group counseling to be efficacious and beneficial from a time-management perspective.

One of the mandates of the school counselor is to enhance the skills of students as they prepare to enter the labor market (Herr, 1995). Career development continues to be an important component of school counseling. "School counselors help with this process by: (1) providing students with accurate information about the world of work and existing career opportunities; (2) assessing students' interests and abilities and sharing these findings to enable students to make appropriate career choices; and (3) encouraging students to broaden their options as a precaution to future changes in career opportunities and the job market." (Schmidt, 1993, p.40)

In middle school, it is helpful to integrate activities and experiences that assist the student in exploring contemporaneous job trends and careers. In high school, career interest inventories and other relevant testing and vocational information add to the repertoire of information which the student has already acquired and assist him or her in making realistic career choices. Even at the elementary level, it is important to highlight the work/education relationship, in an age-appropriate manner, to facilitate a better understanding of what is to follow.

It is of paramount importance that the school counselor work cooperatively with teachers as he or she complements classroom instruction with guidance and career education. It may prove beneficial to schedule guest lecturers from local businesses, colleges and universities—all with the goal of career enhancement in mind.

Regardless of the occupational objective, it is essential to remember that the school counselor does not operate in a vacuum. One can go to one's colleagues, supervisors, and the literature/research for up-to-date guidance and support. For example, for a review of crisis counseling, the reader is encouraged to examine *Elements of Crisis Intervention: Crises & How to Respond to Them* by Greenstone and Leviton (See References).

In addition to serving students, parents, and teachers, school counselors must work collaboratively and harmoniously with other professionals in both the school and the community. As the profession of school counseling evolves, counselors are challenged with the responsibility for ensuring that their counseling services protect the integrity of the students' educational, vocational and personal development.

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Please permit me a personal note:

It seems like only yesterday that I took over the editorship reigns of our journal, yet it has been approximately three years. My predecessor, A. Scott McGowan, provided me with the freedom, security, and guidance to continue to produce this award-winning publication. Even though at times the task seemed daunting, it has been a great honor to serve the readers and members of NYCA in this capacity.

I wish to thank and commend CW Post Campus/Long Island University for its support and encouragement. I am particularly grateful for the use of talented graduate assistants, Lisa Olsen and Christine Tumminello. Without the afore-

mentioned backing, it would not have been possible to produce *The Journal for the Professional Counselor*. A special mention goes to my associate editor, Deborah Erickson, for her "keen eye" and editorial abilities. In addition, it was my good fortune to work with a superior editorial review board. Please take a moment to look at the inside front cover for a listing of these professionals.

After the completion of a state-wide search for a new editor, I now relinquish the baton to my successor, Eugene Goldin, Ed.D., NCC. I am confident that he will create an even finer product. He brings to the task a rich and diverse background of knowledge, credentials, and experience. Dr. Goldin is presently on the faculty in the Department of Counseling and Development at CW Post Campus/Long Island University. He is the former Director of Counseling at New York Institute of Technology. He is a member of AMHCA's Ethics Committee, a clinical associate member of Ackerman Institute for Family Therapy Project on Aging, and a permanently certified NYS school counselor. In addition, he is a prolific author and researcher. We are fortunate to have an editor with his talents.

“The purpose of education is to replace an empty mind with an open one.”

—MALCOLM FORBES, ATTRIBUTED, IN ANN LANDERS' SYNDICATED COLUM

Introduction to the Special Issue

David Slater
Past President,
New York State School Counselor Association

Welcome to *The Journal for the Professional Counselor*, the special issue on school counseling. This edition is recognition of the unique concerns and function of school counselors nationwide. The counselors and counselor educators published here offer their personal perspective on various topics of importance to school counselors.

The diversity of school counseling is painted by the topics of these articles: Dr. James Malone calls for multicultural education to reduce prejudice and social conflict in multiethnic schools; Dr. Frank Brady examines the role of interscholastic athletics in education and the role of the school counselor when athletics are emphasized over academics; Dr. Catherine Wilson and Audrey Hill detail a high school program for African-American males that increases high school success and college attendance; Dr. Jesse Brinson provides counselors with suggestions for learning about minority childrens' issues and concerns; Dr. Connie Schliebner, Dr. John Peregoy, and Kelli Gompertz describe issues facing gay, lesbian, and bi-sexual youth that put them at-risk for psychosocial problems when educational climates are not safe and caring; Dr. Russell Sabella presents an overview of sexual harassment in schools and offers four approaches to confronting this problem; Dr. Michael Omizo, Kiaka Gaughen, and Sharon Omizo discuss the use of group counseling to enhance the self-esteem of homeless elementary students.

The following words, extracted from these articles, define school counselors: coordinator, consultant, buffer, preventive mental health specialist, academic advisor, educator, program developer, facilitator, program trainer, complaint manager, and group counselor. This is part of the myriad of our subtitles. This is our profession.

I offer my appreciation to the following individuals, my reviewers for the special issue, all personal friends and dedicated professionals:

Dr. Louis Bamonte Copiague High School	Guidance Chairperson Copiague, New York
Bernadette Corcoran American School Counselor Association	North Atlantic Region Vice President Alexandria, Virginia
Charles Todd Martha Brown Middle School	Middle School Counselor Fairport, New York
Melody Dimick Northern Adirondack Central	English Department Chairperson Ellenburg Depot, New York

And, of course, my thanks and appreciation go to Dr. Terry Bordan, Editor of *The Journal for the Professional Counselor*, for her insight and perseverance.

> *Only the educated are free.*
>
> —EPICTETUS, *DISCOURSES*

Group Counseling for Children of Homeless Families

Michael M. Omizo
Kiaka J. S. Gaughen
Sharon A. Omizo

This article discusses the use of group counseling to enhance self-esteem of homeless elementary school children. Empirical evidence supporting the intervention strategy is provided.

School counselors are constantly required to respond to the social, political, and demographic trends that have an impact on our nation's students (Borders & Drury, 1992; Peeks, 1993). Among today's school children, homelessness is a critical and growing problem (Walsh & Buckley, 1994). The National Coalition for the Homeless (1993) estimates that there are more than a million homeless individuals in the United States. Rosenberg, Salarz, and Bailey (1991) estimate a higher figure of more than 2.5 million homeless individuals in the U.S. This situation is expected to continue with an increase of 25% per year for the rest of the century. Approximately 40% of the homeless are families and 25% are children (National Coalition for the Homeless, 1990). The National Coalition for the Homeless (1990) and Salarz (1992) estimate that there are at least 500,000 homeless children in the U.S. The reasons for homelessness include the poor economy, high unemployment, falling wages, lack of care for the mentally ill and drug abusers, and cutbacks in government programs. Also, more families, headed by single-parents, especially women, have contributed to the situation since women generally have lower incomes.

Studies have found that homeless children suffer many problems in school (Children's Defense Fund, 1989; Rafferty, 1991; Stronge, 1992; Stronge, 1990).

The studies concluded that homeless children have higher rates then their housed peers in repeating a grade, school transfer, and being placed in special classes. They also fall behind in reading and math achievement scores and school attendance. These children have unique problems which can interfere with their academic potential and diminish their psychological well-being (Daniels, 1995a; Rafferty & Shinn, 1991; Tower, 1992). Lewis and Doorlag (1987) report the higher risk of academic failure and social rejection among homeless children. In addition, these children are also at risk of having developmental delays and behavioral disorders (Butler, 1989; Reeves, 1988).

Being homeless has a negative effect on children (Daniels, 1992; Stormont-Spurgin & De Reus, 1995). These children often feel inferior because of their appearance or behavior, and not having the same kind of knowledge and experience as the other children. They may not be accepted by teachers or peers because of these differences (Eddowes & Hranitz, 1989; Gonzales, 1990; Harrington-Lueker, 1989). Harrington-Lueker (1989) report that homeless children often feel embarrassed, anxious, fearful, depressed, suspicious, and insecure. They also feel that they don't have control over many things in their lives and have low self-esteem. Daniels (1995b) reported that these children suffer from low self-esteem partly because of the many stressors in their lives such as not having privacy, being unable to have friends over to their homes, and other children making fun of them.

Studies have shown that low self-esteem has been correlated with poor achievement, powerlessness, depression, anxiety, maladjustment in school, and feelings of alienation (Damon, 1983; Roundtree, 1979). Whereas, positive self-esteem relates to academic achievement, motivation, internal locus of control orientation, persistence, and ability to handle stress (Coopersmith, 1967; Leonard & Gottsdanker-Willekens, 1987; Obiakor, 1985; Phillips, 1984; Raimy, 1971).

A possible intervention strategy to assist homeless children in improving their self-esteem is group counseling. Omizo & Omizo (1989b) stated that group counseling would be the most beneficial because the group allows children to develop their uniqueness (Adler, 1964, 1969; Dinkmeyer, 1968), provides opportunities for interaction (Omizo & Omizo, 1989b), and for receiving and giving positive feedback (Corey, 1985; Ohlsen, 1968). Omizo, Gaughen, & Omizo (1995) found group counseling to be effective in increasing self-esteem among Hawaiian children. Daniels (1992; 1995a, 1995b) also supports the use of group counseling for this population. In these studies, group counseling included structured learning activities for elementary school children and a combination of activities and group therapy for secondary school students.

The present study was designed to investigate the effects of group counseling in enhancing self-esteem among homeless elementary school children. The

authors hypothesized that children who participated in group counseling sessions would have significantly higher self-esteem as compared to children who did not.

Methodology

Participants

The participants included 50 homeless elementary school children. They included 29 boys and 21 girls. The age of the students ranged from eight to 11 years ($\underline{M}$=9.6) and were in the fourth to sixth grades. They all were from a rural area on the island of Oahu in Hawaii. The children were either living in a temporary homeless shelter or on the beach.

Procedure

The children were randomly selected from three grade levels (4th, 5th, 6th). Permission was obtained from the parents of the children. The 50 participants were randomly assigned to experimental (n=25) and control (n=25) conditions. The experimental group was further divided into three groups according to their school schedules. Any experimental group participant missing four or more group counseling sessions was not included in the final data analysis. Six children from the control group could not be located for the administration of the posttest. Participants in the control group proceeded with their regular school activities.

The study spanned a total of 14 weeks. The participants were administered the Culture-Free Self-Esteem Inventory (Battle, 1981) one week prior to the first group counseling session and again one week subsequent to the final session.

Instrumentation

The Culture-Free Self-Esteem Inventory (CFSEI) by Battle (1981) was used to measure self-esteem. This is a paper and pencil inventory which includes 60 items to which the respondent checks "yes" or "no". The CFSEI includes items which provide scores on four subscales. These subscales are (1) General self-esteem, (2) Social/peer-related self-esteem, (3) Academics/school-related self-esteem, and (4) Parents/home-related self-esteem.

The construct validity was built into the CFSEI by developing a definition of self-esteem. Battle (1981) provides validity coefficients from several studies which range from .71 to .91 for elementary school children. Test-retest reliability coefficients range from .89 to .93 with an alternate form correlation coefficient of .86.

Treatment

All of the group activities were developed to enhance self-esteem, share concerns and issues relative to being homeless, develop social interaction skills, and cope with stress. The 12 sessions encouraged the children to express themselves freely, be creative, make decisions, accept themselves and others, attempt new things, feel responsible, and feel in control.

Three group leaders facilitated the 4th, 5th, and 6th grade children in the experimental group who were seen in groups of eight, eight, and nine. The facilitators were graduate students in guidance and counseling and were trained and monitored by the senior author. Training involved practice of group facilitation process and group activities. The facilitators were responsible for gathering the materials and making sure that things were set up for the activities. The leaders provided positive feedback on the art work, work habits, and disclosed information as well as reinforced appropriate behavior of the children. The leaders also participated in the activities and served as role models for the children.

The activities were modified from the suggestions of Kahue (1987), Fullmer (1978), Omizo and Omizo (1989b), and Omizo, Loffredo, and Hammett (1982). These activities could be modified relative to the materials available, time, needs of the children, and number of participants in the group. Each session lasted between 45 and 60 minutes. The leaders debriefed with the participants after each session. The following are brief descriptions of the group activities for the 12 sessions:

Session I. Introduction and Rules of the Group

A modification of Fullmer's (1978) Name Tag Game is used to introduce the members to each other. The children write their names in the middle of a sheet of paper. They then write four positive adjectives around their names which they feel describe them. In a different corner of the paper, they draw a picture of their favorite television show, favorite food, something that they made of which they are proud, and someone whom they admire. They then take turns sharing their information and drawings. Rules of the group (i.e., only one person talks at a time, it is okay to pass, it is not okay to say negative things) are discussed. The children are encouraged to present rules and consequences of not following the rules.

Session II. Something I Do Well

The children draw a picture of something that they do well and share it with the group.

Session III. Family Portrait

The children draw a picture of where they live and family members. They describe their portraits to the other members of the group.

Session IV. "Me-Mobile"

The children bring photographs of themselves. Leaders could also bring an instant camera and take photographs of the children. Children cut five to seven different geometric shapes on stiff colored paper. They then write their names on one shape or around a photograph. They cut pictures from magazines which depict their favorite color, an animal most like them, what they especially like doing with their families, and so on. These are pasted on the other shapes (front and back) and hung on a hanger with yarn. The children then share their "Me-Mobiles". The mobiles are hung in the counselor's office or administrative offices or cafeteria.

Session V. Award for Me

The children create an award (i.e., medal, ribbon, trophy) for themselves. This award can be for something they have accomplished or something that they would like to do. They switch awards and present them to each other in front of the group.

Session VI. My Feelings

The children paint a picture of their feelings. The paintings are shared with the group. They discuss what feelings were painted, what caused these feelings, and what they do when they have these feelings.

Session VII. Coping with Stress

The concept of stress is introduced. The children discuss major stressors in their lives and what they do to relieve stress. The children are taught deep breathing exercises and a relaxation exercise called "The Clock".

Deep Breathing

The breathing is performed in three stages. Directions given to the participants are as follows:

1. Relax the muscles in your diaphragm and stomach area. Draw air in through your nose, allowing the abdominal area to balloon out and fill completely.

2. As you inhale again, direct attention to the rib cage. Let your ribs expand sideways. Close your eyes and imagine an accordion expanding. Begin with your lower ribs, but keep the chest and shoulders motionless. Exhale, relax the rib cage, and let the air flow out. Repeat two or three times.

3. Now, inhale as you would with a normal breath. The air now fills only the upper chest area. Exhale.

4. Finally, put all three breaths together in one even breath. The combination of all three types of breathing is blended into one smooth rhythmic wave. Remember, the pattern remains the same with both inhalation and exhalation.

The Clock

1. Stand with your feet wide apart, knees straight.

2. Clasp your hands over your head, palms toward ceiling, elbows straight.

3. Gently stretch to one side, then to the other, feeling the gentle separating and lifting of the vertebrae.

4. Exhaling, slowly stretch down to the right, like the hands of a clock, knees and elbows straight. Continue the movement until your hands are directly down in front of you. Then begin inhaling your way up the left side, still keeping your knees and elbows straight.

5. With your arms held straight up towards the ceiling, you have now completed the motion of a clock. Holding your breath, flex backwards.

6. Exhale, lowering the arms down the sides.

Session VIII. More Exercises to Cope with Stress

The children review deep breathing and the clock. Cradle rock, curled stretch, and cobra are taught.

Cradle Rock

1. Lie on your back with your legs folded to your body, knees bent and drawn to chest.

2. Wrap your arms about your legs, cross your ankles gently and rock from side to side as though you were in a cradle.

Curled Stretch

1. Sitting on the floor, bend your knees and draw them as close as possible to your chest.

2. Grasp the toes of your right foot with your right hand and the toes of your left foot with your left hand. Continue holding toes throughout the exercise.

3. Inhale and exhale.

4. Slowly slide your right heel straight ahead, exhaling all the while. Keep the heel on the floor. Follow the movement with curling head and shoulders. Stretch

the entire leg as far as possible or until the knee straightens out entirely.

5. Inhale as you return the right leg to the original starting position.

The Cobra

1. Deep breathing.

2. Lie on your stomach, arms resting at sides, face downwards, chin pressed against your chest. Your forehead should be touching the floor.

3. Relax all muscles.

4. Breathing in, begin rolling the head slowly upwards, lightly brushing the nose, then the chin upon the floor. Slowly continue moving the head up and back as far as it will go.

5. Now slide up your hands and let the palms rest on either side of your arms to push your torso up off the floor. The lower part of your body, from the navel down must remain touching the floor.

Review all previous exercises.

Exercises for sessions VII and VIII were developed by Omizo, Loffredo, and Hammett (1982).

Session IX. Sculpture

The children create a clay model representing something they want to improve. The sculpture is shared with the group.

Sessions X and XI. Group Mural

The leader explains what a mural is. The children decide what kind of mural they would like to create and the part that each will play in completing the project.

Session XII. Summary, Sharing and Closure

The mural is discussed. The leader and children summarize the sessions, sharing their feelings and thoughts. All of the children's creations are displayed in the school's office and cafeteria.

Data Analysis

Multivariate analysis of variance (MANOVA) was used to determine if there was a significant difference between experimental and control groups relative to the pretest dependent variables. Since no significance was found, MANOVA was also used to test for differences on posttest dependent measures. Following significant MANOVA results, post hoc univariate F and discriminant analysis

were used to see which dependent variables independently and in combination contributed to the differences between groups.

Results

Means and standard deviations of experimental and control groups on all pretest and posttest dependent self-esteem measures are presented in Table 1. MANOVA results on the posttest data revealed $F(4,43) = 11.46; p < .01$. Univariate F and discriminant analysis revealed that Social/Peer-related Self-esteem and Academic/School-related Self-esteem were significant discriminators (see Table 2).

Table 1
Means and Standard Deviations for Experimental and Control Group Participants on Self-esteem Dependent Measures (N=36)

Variables	Experimental (n=17)				Control (n=19)			
	Pretest		Posttest		Pretest		Posttest	
	M	SD	M	SD	M	SD	M	SD
General Self-esteem	51.4	11.9	56.8	10.7	53.7	12.1	52.1	11.3
Social/Peer-related Self-esteem	45.6	10.4	65.3	8.4	47.4	10.5	48.7	9.2
Academics/School-related Self-esteem	48.3	9.6	69.3	9.2	51.6	8.3	53.9	9.1
Parents/Home-related Self-esteem	53.6	10.3	59.4	9.6	55.1	9.7	54.9	8.7

Table 2
Univariate F Values and Standardized Discriminant Coefficients (SDC) for Posttest Self-esteem Measures (N=36)

Variables	Univariate* F Values	SDC
General Self-esteem	1.94	.03
Social/Peer-related Self-esteem	10.02**	.52
Academics/School-related Self-esteem	7.93**	.31
Parents/Home-related Self-esteem	1.20	.12

*df = 4, 43
**Significant beyond the .01 level
Multivariate Analysis of Variance Results: $F(4,43) = 11.46; p < .01$

Discussion

The results of the study provide support for group counseling to enhance some aspects of self-esteem among children of homeless families. Children who participated in the group sessions had significantly higher scores on two self-esteem measures. These were Social/Peer-related and Academic/School-related self-esteem. Children in the experimental group felt better about themselves with peer and school related issues. Since the activities encouraged peer interaction and providing feedback, these results come as no surprise. The sessions also discussed some academic and school-related issues which may account for the positive feelings regarding this Social/Peer-related and Academic/School-related self-esteem. Previous research (Coopersmith, 1967) has shown the many positive factors related to self-esteem, such as motivation, academic achievement, and internal locus of control orientation. It is hoped that the participants will be affected on these measures, too.

Children with high Social/Peer-related and Academic/School-related self-esteem have better relationships with others around them, especially in school. For homeless children this may play an important role in their development. Lewis and Doorlag (1987) reported that these individuals have a high risk of academic failure and social rejection. Gonzales (1990) stated that these children may not be accepted by teachers or peers because of differences. These differences are their appearance, their behavior, and their not having the same kind of knowledge and experience as the other children. Since group counseling increased both Social/Peer related and Academic/School-related self-esteem, the children of homeless families may have more support in meeting future challenges.

According to the results, two areas that did not show significant differences were General and Parent/Home-related areas of self-esteem; no parent involvement and session length may have contributed to this. Although there were no significant differences, the subscales did move in a positive direction.

Conclusion

The authors conclude that group counseling can have positive effects on some aspects of self-esteem among children of homeless families. Specifically, the intervention strategy enhanced the Social/Peer-related Self-esteem and Academic/School-related Self-esteem of these children. Since children of homeless families sometimes have problems with feeling inferior to their peers and often have difficulties reaching their academic potential in school, the findings of this study are encouraging. The authors agree that a group counseling program can assist school counselors to be effective change agents in their

schools. Since self-esteem is related to many other factors which contribute to success, such as motivation, persistence, self-efficacy, and an internal locus of control orientation, it is hoped that these children are in a better position to succeed in school.

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The High School Athlete and the High School Counselor

Frank Brady

This article examines the role of interscholastic athletics in education. Attention is devoted to some of the problems that arise when athletics are overemphasized in high school culture. The role of the high school counselor is explored as an integral part of the athletic alliance of coach, parent, and athlete.

Interscholastic sports are regarded as a major component in the American educational system. It is estimated that over five million students participate annually in interscholastic competition (National Federation of State High Schools Association [NFSHSA], 1993). Athletics are justified as having a legitimate function by positively influencing the overall socialization and education of the individual. The NFSHSA proclaims that "Interscholastic activities shall be an integral part of the total secondary school program. Interscholastic activities shall be primarily for the benefit of the high school student" (p. 17). However, prior to the 1960s, the motives and outcomes were seldom questioned, and school sports were unquestionably the best for all involved (Frey & Massengale, 1988). The role of sports was critically examined and seriously challenged by Coleman (1961) when he noted forthrightly "that more attention is paid to athletics by teenagers, both as athletes and as spectators than to scholastic matters" (p. 33). Coleman stressed that participation in high school sports became dysfunctional when there was an overemphasis on athletics and attention was diverted from academic affairs. In the high school culture, athletic achievement is recognized and rewarded more than academic success, and athletes are perceived to be part of the "leading crowd" according to Coleman. Spady (1970), in a study entitled "Lament for the Lettermen", cautioned that while sports participation appeared to stimulate student aspirations by virtue of its greater visibility, it did little to provide the skills and resources necessary to facilitate educational

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success. Participation in sports may be regarded by some students as an alternative to, rather than complementary to, the academic mission of the school, according to Spady. Landers, Feltz, Obermeier, and Brouse (1978) noted that intensive involvement in athletics, often at the expense of other extracurricular activities, impaired the inculcation of favorable academic attitudes and interpersonal skills.

Despite the observations of Coleman, Feltz et al. (1978) and Spady that athletics may be undermining academics, there is little evidence to suggest that the situation has changed much. Recent popular and professional literature reiterates the often problematic nature of high school sports (Bissenger, 1990; Frey, 1994; Joravsky, 1995; Kirk & Kirk, 1993). Bissinger, in *Friday Night Lights*, a compelling chronicle of high school football in Texas, poignantly proclaimed the powerful prestige and precipitous pitfalls: "He saw the irresistible allure of high school sports, but he also saw an inevitable danger in adults living vicariously through their young. And he knew of no candle that burned out more quickly than that of the high school athlete" (p. XIV). Similarly, Frey, in *The Last Shot*, an expose of inner-city basketball in New York City, traces the dreams and aspirations of Lincoln High's most promising players. Frey tragically noted the futility of their efforts; "by stressing the game above all else has left its young athletes with nowhere to turn but to glamorous coaches, slick recruiters, and million-dollar athletic companies who offer everything but guarantee nothing" (p. 5). While the popular press may sensationalize and accentuate the negative effects, more disinterested literature enumerates both the benefits and risks of intense involvement in sports (Kirk & Kirk, 1993). Loy, McPerson, and Kenyon (1978) noted that sport may have negative and positives effect in educational institutions. According to Loy et al. (1978), sports may enhance identity, foster social integration, and raise educational expectations. On the other hand, they argued that participation in sports may be dysfunctional and diversionary. As school sports are a central part of the high school culture, it is important for the counselor and coach to work cooperatively in developing the student athlete academically as well as athletically.

The Role of the School Counselor

Goldberg (1991) stressed that the school counselor can play a central role in the development of the student-athlete by acting as coordinator for and consultant to the "athletic triangle" of athlete, coach and parent. The promotion of an active alliance among these three assumes greater importance, as some coaches may not be members of the teaching staff, and parents by over identifying with the athletic role, may unwittingly focus excessively on athletic affairs to the detriment of academic issues. The school counselor,

from the vantage point of a more disinterested position, can act as a counterbalance or buffer to the sometimes skewed or distorted perspective of the other members of the alliance. The school counselor is in a unique position to act as a preventative mental health specialist for student-athletes by educating and collaborating with those who influence their lives. Additionally, school counselors can assist in developing value systems that transform and transcend the athletic arena.

Counselor Responsibilities

School counselors assist all students to develop their educational, social, career, and personal strengths so that they become responsible and productive citizens. Counseling programs are comprehensive and developmental, focusing on the needs, interests, and issues related to the various stages of student growth (American School Counselor Association, 1990). Student-athletes have been identified as a segment of the "at risk" group and consequently, have additional and unique personal, vocational, and academic needs (Kirk & Kirk, 1993; Koehler, 1996). Remer, Tongate and Watson (1978) noted that athletes become trapped in a self-perpetuating system set in motion early in their lives as a result of their exceptional skill. Remer et al. (1978) stressed that while athletes may benefit from the special attention, it may also impede their normal development. Pearson and Petitpas (1990) noted that the typical athletic environment is similar to what Mitchell (1974) termed a "dense social system". System density tends to restrict the range of skills, access to resources and knowledge and fosters self-imposed restrictions for the student athletes. Kirk and Kirk, Pearson and Petitpas, and Remer et al. stated that athletic involvement may promote an array of dysfunctional outcomes such as: a restricted identity, an excessive sense of entitlement, unrealistic career expectations, lack of academic, and social skills. School counselors must identify those athletes who are at risk of becoming dysfunctional and move to help them become aware of the repercussions and ramifications of developing such dysfunctionality.

Athletic Identity

As a person's identity becomes increasingly centered on athletics, the likelihood increases of encountering developmental difficulties (Pearson & Petitpas, 1990). Many highly skilled athletes have been continually rewarded and reinforced for their athletic accomplishments, and as a result their identity is crystallized and cemented in athletics. Such an over-identification with the athletic role has been variously termed "a constricted self-identity" (Linville, 1985), "unidimensional self-conceptualization" (Coakley, 1990), and "a foreclosed identity" (Wooten, 1996). Unfortunately, a foreclosed or constricted identity inhibits the development of important skills and the acquisition of

varied life experiences that are critical to normal adolescent development. Erikson (1959) and Marcin (1966) noted that the development of a healthy personality was the consequence of an individual's successfully negotiating various alternatives and engaging in exploratory behavior that would help extend and flesh out their personal and social identities. School counselors must encourage student-athletes to become multi-dimensional by engaging in extra-curricular activities that extend rather than limit their identities. Spady (1970) noted that involvement in extracurricular activities provide opportunities not only for diversion, social interaction, and peer group recognition, but also preoccupational role playing as well as leadership and skill development. Spady also cautioned that while intense involvement in athletics may stimulate students' status perceptions and future goals, the system backfires as it fails to provide the skills and orientations requisite for their fulfillment. Athletes need to develop a sense of self-esteem that transcends athletic performance.

Athletes and Entitlement

Snyder and Spreitzen (1979) noted that it was widely believed that high school athletes were recipients of gratuitous treatment based on the extraneous factor of their athletic ability and visibility. Snyder and Spreitzer also claimed that preferential treatment was more likely to occur in schools where athletics was a salient part of the school culture. Pearson and Petitpas (1990) corroborated the findings of Snyder and Spreitzer as they noted that athletes are sometimes over-indulged and over-protected because of their athletic skills. However, such preferential treatment represents a form of benign discrimination and may evolve into an excessive sense of entitlement having important behavioral and attitudinal consequences. Kriegman (1988) denoted an excessive sense of entitlement as having exaggerated ideas and claims as to what one has a right to. According to Snyer and Spreitzer, the most common types of preferential treatment included easier grading, not disciplined as much as other students, being considered more important than others and being released from classes and assignments more frequently. In recent popular literature, preferential treatment and entitlement seems pervasive; Denlinger (1994) noted that "It seemed like in high school I always got handed things." (p. 76), while Joravsky (1995) brazenly boasted "Win for the coaches and they'll let you get away with almost anything." (p. 48). Bissinger (1990) claimed "that being a football player opened doors that other students could only dream of. All other achievements seem to pale in the face of it." (p. 135). Frey (1994) noted that preferential treatment for athletes was the norm, excuses were made for cut classes and rowdy behavior, while extra points were added to boost athletes test scores. While athletes enjoy and come to expect the differential treatment, such expectations and experiences may have undesirable and unintended conse-

quences. An excessive sense of entitlement may restrict an individual's development academically, socially, and emotionally. Student-athletes with an inordinate sense of entitlement may lack maturity and a sense of responsibility as they may not expect to be held accountable for their actions. The school counselor should accentuate the dysfunctional aspects of excessive entitlement and the possible adverse consequences of maintaining such an orientation (e.g., school failure, legal, and moral problems). The counselor, in association with the coach, should endeavor to minimize reliance upon entitlement and cultivate a greater sense of empowerment for student-athletes. It is plausible to suggest that some of the notoriety displayed by athletes could have been prevented if a lesser sense of entitlement prevailed in the athletic environment. Laxity in behavior and leniency in sanctions may be powerful precursors to deviancy and delinquency.

Counselor as Academic Advisor to the Student-Athlete

As many student-athletes' educational prospects are seriously hampered by their over-identification with the athletic role and the consequent adoption of a prematurely foreclosed identity, the role of the counselor in academic advising has added significance. Edwards (1986), Koehler (1996), and Stiers (1995) acknowledged that many student-athletes have unrealistic notions about their athletic potential and prospects. The myopic beliefs gravely undermine the pursuit of educational goals. Unrealistic expectations are especially prevalent among minority students, as many are lost educationally attempting to catch an ever-fleeting dream. Frey (1994) succinctly summed up the path of success through sports. "Their talent and tenacity on the court will at least reward them with a free college education, a decent job after graduation - - - To liberate themselves from the grinding daily privations of life in the ghetto once and for all." (p. 16). Many students and their parents are greatly misinformed about the availability of athletic scholarships. Counselors must assist parents and athletes to develop a realistic understanding of the availability of scholarships. The harsh reality is that the odds are 100 to 1 against a high school athlete obtaining an athletic scholarship (Koehler, 1996). Counselors should encourage student-athletes to maximize the student role as this is where their greatest chance of success lies. Joravsky (1995) noted that "hit the books and have the grades" (p. 96), was a refrain endlessly repeated and advice frequently ignored. Unless parents, coaches, counselors, and athletes are committed to obtaining a bona fide education for the student-athletes, tokenism and lip service will continue to perpetuate academic problems. The counselor needs to be informed and updated regarding the academic requirements for those athletes who have realistic chances of obtaining scholarships. The counselor should obtain the pamphlet "NCAA Guide for the College-Bound Student-Athlete" as eligibility requirements are

reviewed and sometimes revised on an annual basis. Applebome (1996) cautioned that the NCAA's desire to set basic standards has not always kept pace with curriculum changes that have produced unconventional and interdisciplinary courses. Counselors must seek advice about non-traditional or non-conventional courses from the NCAA's Initial-Eligibility Clearinghouse to determine if those courses meet the criteria. Failure to do so may result in some students failing to obtain a scholarship for which they may be well-qualified for academically.

The Counselor and the Recruiter

The recruiting process is an inescapable part of the high school athletic environment (Sabock, 1996). However, the process is fraught with problems and pitfalls if it is not handled properly. Counselors have a responsibility to educate athletes and their parents about recruiting and its ramifications. Many parents and athletes have inflated opinions about the athletes' abilities. These opinions are based on the premise that the youngsters were selected on all-star teams and all-state teams. However, good high school athletes don't necessarily merit recruiting and a subsequent scholarship. Sabock depicted the progressive stages of the recruiting process. A letter from a college coach indicates awareness of the athletes' prowess while a phone call indicates increasing interest. Sabock estimated that a Division I football program might have 500 to a 1,000 players on a mailing list but only offer about 25 scholarships out of that number. A visit to the school by the recruiting coach means the university has a serious interest, while a visit to the athlete's home indicates that the athlete is a top prospect. An outstanding or "blue-chip" athlete can be inundated with offers of scholarships from different schools. Some unscrupulous coaches seem to offer irresistible incentives to highly impressionable and sometimes gullible youngsters to attract them to their campuses. The counselor must assist athletes, parents, and coaches to objectively weigh the relative merits of these institutions. The counselor should emphasize the importance of choosing a college that is compatible with the academic as well as the athletic needs of the athletes. Coaches who make illegal contact or violate recruiting rules should be avoided as the athletes' eligibility may be compromised. The unethical conduct may be reflective of the program they represent. The graduation rates of athletes from a university are a reliable indicator of an institution's commitment to academics. Counselors should discourage athletes from considering scholarship offers from those schools with low graduation rates. In addition the counselor should supply the parent and athlete with pertinent information regarding programs, support services, placement possibilities, and the prestige of the school.

Conclusion

Coaches, counselors, and parents participate in a shared responsibility with young athletes. The benefits of sports are maximized and the risks minimized when young athletes develop acceptable attitudes about their participation. Athletes must maintain a healthy perspective on the role of athletics in their lives. The counselor as a disinterested participant can act as a consultant and a counterbalance to the more vested interests of the athletic alliance. Participation in athletics can be an enriching experience, complementary to rather than contrary to the academic mission of the school.

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> *"For knowledge, too, is itself power."*
> —Francis Bacon, *Meditations*

Behind Closed Doors: Realities, Issues, and Interventions for School Counselors Working with Gay, Lesbian, and Bisexual Youth

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This article describes several issues facing gay,lesbian, and bisexual youth that put them at-risk for psychosocial problems. Many of these issues are fostered in the school environment which can be an isolating and stressful place where gay,lesbian, and bisexual youth often feel like outsiders. Suggestions are offered for schools and school counselors to create safe and caring educational climates for these youth.

Adolescence can be an exciting time of growth and development but also a stage of enormous change for young people (Schliebner & Peregoy, 1996). According to Erikson (1963), the central psychosocial tasks of adolescence are the achievement of identity and the development of intimacy with another individual. Heterosexual youth generally have social and educational systems in place to support the formation of their sexual identities. Gay, lesbian, or bisexual (hereafter referred to as GLB) adolescents often find themselves with weak support systems. They are an oppressed group discriminated against by family, peers, schools, media, and religious institutions who sanction homophobia. Thus, the primary developmental task for GLB adolescents becomes adjusting to a socially stigmatized role (Hetrick & Martin, 1987).

It is estimated that three million male and female adolescents in the United States are predominately or exclusively homosexual (Deisher, 1989; Gonsiorek, 1988). This significant number of youth, who are facing numerous difficulties, require support and intervention. Schools, the second most important socializing agent for children and adolescents, after the family, can reduce the effects of anti-GLB discrimination and facilitate positive self-awareness and self-acceptance.

The purposes of this article are three-fold. First, to identify the unique problems and issues affecting GLB youth. Second, to explore the environments of schools which foster homophobia and institutional discrimination. Third, to provide recommendations on how schools and school counselors can address these problems.

Issues Facing Gay, Lesbian, and Bisexual Youth

Because of the difficulty in developing a healthy identity in a homophobic society, GLB adolescents are an at-risk population (Morrow, 1993). This section will examine five main areas of concern for GLB youth: 1) alienation, 2) isolation, 3) abuse from others, 4) abuse from self, and 5) lack of support (Austin Human Rights Commission, 1995).

Alienation

Adolescents face enormous peer pressure to conform. One of the primary goals of this stage of development is to be accepted by members of a group. Adolescents are concerned about what people think because they want to be accepted and admired by them. Also, their self-worth is partly a reflection of the opinions of others. Same-sex attraction violates a fundamental norm of society. Demeaning stereotypes, derogatory remarks from peers and family members, and negative media portrayals contribute to GLB adolescents' feelings of being inappropriately different (Blumenfeld, Javits, & Barns, 1993). The lack of positive role models, community supports, and little or no accurate information provided by schools, contribute to feelings of self-hatred that encourage these youth to hide their shame and feel like outsiders. Hunter and Schaecher (1987) suggested that feelings of alienation in GLB youth can often lead to at-risk behaviors of substance abuse, attempted suicide, and other disorders of conduct. The risk of losing friends, family, and social acceptance if known as GLB often increases the need to hide one's sexual identity (Morrow, 1993).

Feelings of not belonging, fear of rejection, and lack of support for their sexual orientation lead some GLB youths to the streets. One study found that up to 40% of youthful runaways or throwaways are GLB youth (Yates, MacKenzie, &

Pennbridge, 1988). Like other youth living on the streets, GLB youth also suffer physical, psychological, social, and academic isolation.

Isolation

To be accepted by one's peer group, an adolescent has to exhibit characteristics similar to those of other members of the group (East, Lerner, Lerner, Soni, Ohannessian, & Jacobs, 1992). Realization of a different sexual orientation from the majority can easily turn into self-denial or self-hatred resulting in isolation or withdrawal.

Every child learns not only what is expected of the various social identities he or she assumes but also the groups that society abhors. Homosexually-oriented adolescents are faced with the growing awareness that they may be among the most despised by society. They are forced to deal with the possibility that their actual social identity contradicts most of the other social identities to which they believe they are entitled. As this realization becomes more pressing, they are faced with three possible choices: they can hide, they can attempt to change their stigma, or they can accept it (Martin, 1982, p.57).

Adolescents who choose to hide can experience damaged self-esteem, distancing from family and peers, as well as continual attempts to avoid disclosure (Uribe & Harbeck, 1991). A national survey of school counselors (Price & Telljohann, 1991) found that 54% of the school counselors surveyed strongly agreed that students are very degrading toward fellow students whom they discover are GLB, and 67% of the school counselors strongly agreed that homosexual students are more likely than most students to feel isolated and rejected.

The pressure to hide can be so great that, in many cases, GLB youth are often truant or drop out of school altogether. Truancy and dropping out are taken as evidence that GLB youth are a particularly problematic population; yet, this behavior should more properly be seen as a coping strategy, born of desperation when authorities fail to provide a safe learning environment (Whitlock, 1988).

Others compulsively bury themselves in their school work or other activities (Blumenfeld et al., 1993). Either extreme can delay completion of psychological, emotional, and interpersonal developmental tasks. The GLB youth then becomes more invisible and even more unlikely to receive help.

Abuse From Others

Physical, verbal, and emotional abuse are common occurrences that are experienced by GLB youth daily from peers and even from family members. According to the U.S. Department of Justice (1987), homosexuals are probably

the most frequent victims of hate violence. The National Gay and Lesbian Task Force (1991) reported on anti-gay violence toward 2,000 gay men and lesbians nationwide. More than 90% of those surveyed had experienced some type of verbal and physical abuse. Nearly half the males and nearly one fourth of the females had been harassed or attacked in junior high or senior high school because they were perceived as lesbian or gay. These figures are substantially higher for youth who are open about their sexual orientation. It was also noted that anti-gay violence is widespread and has increased in recent years, particularly in the secondary schools, as a result of greater visibility of GLB lifestyles.

Anti-gay violence traumatizes the victim psychologically, emotionally, and physically. Feelings of self-blame, depression and anger at oneself for being GLB can have devastating long-term effects on psychological and psychosocial well-being (Blumenfeld et al., 1993).

Abuse From Self

Alienation, isolation, and anti-gay violence are all critical factors leading GLB youth to believe they are abnormal. The feeling of being different, during the crucial developmental period of needing to belong to a group, often leads these adolescents to self-destructive behaviors. A study conducted by the U.S. Department of Health and Human Services (1989) concluded that GLB youth are two to three times more likely to attempt suicide than heterosexual youth. They comprise 30% of all completed youth suicides annually. These figures are significantly higher than estimates of high school suicide attempts which range from 6 to 13% (Garland & Zigler, 1993). D'Augelli and Hershberger (1993) found several predictors of suicide attempts by GLB youth that help identify subgroups of youth who are especially high risk. These predictors included low self-esteem, alcohol/drug abuse, depression, loss of friends due to sexual orientation, and parental/family reaction to disclosure.

The psychological pain over issues of sexual orientation often lead GLB youth to the use of alcohol and other drugs. Reliance on these substances to maintain denial of one's identity, to cope with the rejection of an oppressive society, and deaden the feelings of alienation, guilt, anxiety, and depression can lead to addiction and a diminished quality of life (Blume, 1985).

Lack of Support

It has been clearly documented that social support networks can help manage stress, provide emotional assistance, and enhance well-being. (Pearson, 1990). For GLB youth living in a homophobic society, rejection is more common than acceptance. The family is a key source of support for recognition and

acceptance in developing a positive self-image. GLB adolescents must carefully weigh the consequences of disclosing their sexual orientation to family members. Parental rejection of the adolescent, at least initially, is a common outcome (Cramer & Roach, 1988). According to Hetrick and Martin (1987), "Families react with shame and guilt to homosexuality in a child partly because of the widespread belief that homosexuality is the result of bad parenting" (p. 41). Some of these youth who experience negative reactions to their sexual orientation are forced to leave home, and some experience physical assault from family members. Even parents who are supportive of their child developing GLB identities often lack strategies for responding to related problems (Martin, 1982; Robinson, 1994).

Peer support and acceptance is the key to any student's feeling that he or she belongs in the school. From previous discussions, it is apparent this is not the likely scenario for some GLB youth. Teachers, counselors, and administrators need to be more proactive and supportive as professionals committed to the welfare of all their students. Sears (1991) noted that as a result of their own prejudice, ignorance, and fear, the reality of their professional intervention and support is often negligible. Schools generally do not provide supportive adult role models or accurate information for GLB students to develop a positive sexual identity.

The prejudice and discrimination that GLB youth experience during a critical period of development profoundly complicates the process of achieving a positive personal and sexual identity. The two primary socializing agents, the family and the school, need to work on their own attitudes and educate themselves about GLB lifestyles. The school environment can serve GLB youth by providing support through a tolerating environment and implementing interventions to address the needs of GLB youth.

School Environment and Policies

The focal point of adolescent growth and development is the school environment. The pressure to conform to teenage social norms is tremendous for today's youth. Those who do not conform receive little understanding and much less acceptance from their peers as well as society. With junior and senior high school often being a time of isolation, humiliation, and pain, those who openly admit their sexual orientation or who depart from traditional sex-role stereotypes of masculinity and femininity are often verbally harassed and physically abused by their peers. GLB youth frequently find the school environment an isolating, stressful place in which they are labeled as outsiders. Many GLB teens tend to shy away from school-related functions and activities because of the disparity they feel within the heterosexual majority. Peer harassment and

societal rejection even cause some GLB youth to leave the formal educational system (Morrow, 1993).

High school counselors have students within their caseloads who are dealing with issues of sexual orientation, yet many schools have no programs in place to address the needs of these students. Anderson (1994) pointed out that in most cases schools do nothing to prepare GLB youth "for a world that reviles them or to support them in a school environment in which they are called fagots and dykes" (p. 151). Based on a conspiracy of silence that shrouds the issue of sexual orientation, many school counselors avoid confronting issues of sexual orientation with students because of numerous internal and external factors (Robinson, 1994). These factors are represented on two levels: homophobia and institutional discrimination.

Homophobia, or the irrational fear of homosexuals (Gramick, 1983), is the leading cause of the lack of services for GLB youth (Robinson, 1994). Homophobia reveals itself in many ways. Harassment and accurate sexuality education are not addressed by teachers, who fear for their own job security should they become known as "supporters of homosexuality." Too often, comments about students' homosexuality are placed in student records (Morrow, 1993). This is not the case for the heterosexual student. Such acts are a constant reminder of institutional homophobia against GLB youth. Cultural taboos, fear of controversy, and a deeply-rooted pervasive homophobia have kept the educational system in the United States blind and mute on the subject of adolescent homosexuality (Uribe & Harbeck, 1991).

Institutional discrimination occurs against GLB youth at two levels: within graduate school curricula and at the professional level. First, school counselors are receiving little education regarding the special concerns of GLB youth as a minority. Robinson (1994) stated that it appears many graduate programs feel as though this significant minority is not worth serious consideration within the curricula and reported that curriculum on homosexuals within graduate training programs is almost nonexistent.

Second, school counselors work within an educational system that programmatically ignores GLB youth. Just this year, the Salt Lake City School District voted 4-3 to ban all extracurricular organizations rather than allow GLB students to form a club. When GLB students at a high school in Glendale, California tried to create a formal group this year, the school board swiftly proposed a new policy; no student could join a campus club, they said, without their parent's permission (Sanchez, 1996). In Georgia, the legislature is debating bills to bar members of GLB student groups from speaking in high school sex education classes. In New Hampshire, a school board approved a policy, the Prohibition of Alternative Lifestyle Instruction, that prohibits faculty from

mentioning virtually any aspect of homosexuality and threatens disciplinary action against those who do (Sanchez, 1996). Growing resistance from school boards and lawmakers who are insisting that the topic of homosexuality has no place in the public schools is revealing itself in the form of policies that prohibit any hint of it (Sanchez, 1996).

Ignorance is part of the problem. Many educators still think that people choose to be GLB (Anderson, 1994). However, if one stops to think about the repercussions of choosing a GLB lifestyle in today's society, one would have to agree that it wouldn't be a popular choice. Research has indicated that GLB youth are either ignored or treated as objects of hate and bigotry (Morrow, 1993).

The traditional school support structures that serve other youth do not serve GLB youth (Uribe & Harbeck, 1991). Schools are fostering the furtiveness of their hidden lives. GLB youth are deprived of opportunities to develop self-esteem and the social skills that become second nature to heterosexual students (Anderson, 1994). Our schools are very much a part of the problem. A Harris poll released in June 1993 reported that students would be very upset if classmates called them GLB. The social stigma is then publicly attached to the GLB student and the consequences can be devastating (Anderson, 1994).

Schools are in denial, and administrative staff is in the deepest of denial (Anderson, 1994). Schools continue to avoid confronting controversial issues, especially in the area of adolescent sexuality (Rofes, 1989). Homosexuality remains ignored in sex education classes, and current AIDS information frequently reinforces the message that GLB relationships are unhealthy (Austin Human Rights Commission, 1995). Questions regarding sexual orientation are not asked, general information about sexual identity is not offered, and referrals for individual counseling or group support are not made. School counselors in Des Moines, Iowa are very limited in the areas they can discuss with students and have a clear policy of referring any "touchy" or difficult issues to other sources. Robinson (1994) pointed out that "The avoidance of these issues is clearly institutional denial of the existence of gay and lesbian youth" (p. 329).

Within the nation's high schools exist the most volatile debates about teaching or even mentioning homosexuality. Within America's high schools, educators say many GLB students have an excruciating time dealing with their peers and parents, and accepting themselves. Sex education in schools typically offers little to no information about homosexuality as a normal variation of sexual orientation. Some districts even prohibit the term homosexuality from the content of instruction. Recently, a high school in New Hampshire has prohibited teachers from using a film on the life of Walt Whitman because it notes that the poet was gay. Teachers have also had to stop showing Shakespeare's *Twelfth Night*, a ribald comedy that frequently is performed. This comedy has drawn

complaints from religious activists who regard one of the play's characters as homosexual. The new policy resulted from parent complaints that schools were promoting a "gay lifestyle" (Sanchez, 1996). Supporters of the policy change say their hopes are to prevent the promotion of alternative lifestyles by limiting the advice and information staff is able to pass on to students. The debate is not just centered around health or sex education classes that have references to being GLB. In what has become a campaign to prohibit any talk of homosexuality, works of literature with gay authors or gay themes, support or social clubs for gay teens, and school newspapers that have mentioned homosexuality in advice columns or contained stories on AIDS, also are facing scrutiny (Sanchez, 1996). Educators are under increasing pressure from religious activists and conservative lawmakers to discuss nothing more than sexual abstinence with students and to use books that promote only traditional nuclear families. There appears to be a real push by anti-gay individuals and groups to have parents believe that everyone chooses his or her sexual orientation, that there is a right or a wrong sexual orientation, and that students are being exposed too much to the wrong one (Sanchez, 1996).

One of the most common concerns is that counseling minors on issues of sexual orientation condones or encourages the development of GLB identity. Another common concern is the reaction of the community, especially parents, if the school were to confront sexual orientation issues openly. However, schools must focus on the needs of their students rather than the demands of parents or community members (Rofes, 1989). School counselors must remember that their clients are not the parents of the community, but the students (Robinson, 1994).

Recommendations

There is broad agreement in the literature (Anderson, 1994; Austin Hearings, 1995; D'Augelli & Hershberger, 1993; Savin-Williams, 1994; Reynolds & Koski, 1994; Robinson, 1994) and among professional associations (American Psychological Association, 1992; American School Counselors Association, 1995; National Education Association, as cited in Anderson, 1994) regarding the needs and rights of Gay, Lesbian, and Bisexual youth for counseling services in the schools as well as ethical responsibilities to provide such services. This section will briefly examine actions and interventions which schools and counselors can utilize in addressing the needs of GLB youth. If no action is taken publicly, services that are provided to students outside of the mainstream sexual orientation will continue to be conducted behind closed doors. Closed door services can only serve to reinforce fear, suspicion, isolation of GLB adolescents

and contribute to the perpetuation of the struggle for these students to develop positive ego identities. This section will also examine actions which can be taken at the systemic or school level and then examine counseling programming and service delivery.

Systemic or School Actions

State law sets the parameters for school districts, which in turn develop and implement policies for service delivery. Districts have broad latitude within the parameters set by the state for affirmative policy development with regards to GLB youth. For example, recommendations made by the Austin (Texas) Human Rights Commission (AHRC, 1995) included employment rights for GLB faculty and staff and regular in-service training for all staff about issues facing GLB youth, including specialized training for counselors, nurses, peer counselors, and key teaching faculty. Further, it was recommended that both male and female staff members be identified in each middle and high school who were already well trained and sensitive to the needs of GLB youth to act as student supporters/advocates. Policies also need to be implemented to protect GLB youth from harassment, violence, and discrimination. In doing so, staff can ensure that schools are safe places for all students(AHRC, 1995; ASCA, 1995).

Schools can also assist in developing a climate of tolerance by taking the issue of sexual orientation out of the closet by incorporating information into the curriculum. It has been suggested that the curriculum in existing health and family life courses include accurate, objective, and relevant information about sexual orientation and the experience of being GLB(AHRC,1994). Sociology and psychology courses can also include components covering these materials. Information which might be incorporated includes the origins of sexual orientation, the attitudes of society toward homosexuality, and special problems of GLB youth. History, literature, and science classes could incorporate contributions of GLB people into the curriculum (INSITE as cited in Anderson, 1994).

The Institute for Sexual Inclusiveness through Training and Education (INSITE) has developed specific guidelines for teachers in schools. These guidelines include:

- Address negative school-based incidents on the spot, including anti-gay jokes.
- Change language that assumes everyone is or should be heterosexual.
- Provide history of oppression (such as the Holocaust, origin of the word "faggot").

- Submit requests to improve library holdings and resources related to sexual diversity.
- Develop and/or advertise resources for GLB youth and their families (including support groups).
- Bring in openly GLB adults as resources in classes and assemblies.
- Include GLB concerns in all prevention programs (suicide, dropout, pregnancy, etc.), and in training peer leaders, student government, etc. (as cited in Anderson, 1994).

Systemic changes in the schools can contribute to the development of a safe environment where all students can learn. In addition, school counseling programs can better address issues that GLB youth face daily.

School Counseling Programs

Counseling services are a dynamic interplay of the counselor and the client. Early counselor training needs to incorporate information to understand the unique needs of GLB youth. For those counselors already in the field, professional development activities need to be implemented to develop skills in working with GLB students. INSITE has developed guidelines for counseling GLB students:

- Be yourself.
- Remember GLB students may experience grief reactions as a result of society saying they are wrong or deviant.
- Use vocabulary the student uses; if the student uses the phrase homosexual, follow the lead. Utilize the terms or labels the student uses.
- Students may seem confused about their orientation when, in fact, they are only confused with what terminology to use.
- Use the term "same sex feeling" if the student appears uneasy with other vocabulary.
- Beware of your personal comfort limitations. Do not add pain resulting from your judgement about sexuality.
- Express appreciation for the student trusting you.
- Maintain confidentiality.
- Assess the student's support system and whom the student might be "out" to. What would happen if their parents knew? If parents could not support their child, what alternative supports would be available to them?

* When trust and openness are established, sexual behavior may need to be addressed. AIDS education is important for all youth (INSITE, 1994).

When following these guidelines in counseling GLB students, it is equally important that the counselor be aware of his or her own feelings and attitudes about homosexuality (Robinson 1994). Benvenutti (1986) stressed that if the counselor is unaware of his or her own issues about homosexuality, then the GLB student may sense the environment is not safe enough to express his or her feelings about sexuality.

Programmatic interventions need to address specific issues where GLB students may be most at risk. These services include school-based support groups, crisis intervention, programs immediately following a suicide, community linkage and networking, and advocacy.

As a result of the intense isolation GLB students may feel, they are at greater risk for committing suicide. By establishing support groups, students can meet and discuss GLB issues. A support group such as this needs to be conducted under the umbrella of confidentiality. Other goals for such a support group could include social skills training, stress management, and communication skills. Peer support groups and GLB/Straight Alliances can provide a place where GLB and straight students can meet and discuss issues. These types of groups need to have a faculty advisor.

Suicide warrants immediate response by all school personnel and the district suicide response team. By acting swiftly and openly after a completed suicide, the school can attempt to thwart the cluster suicide phenomena. Community linkages can assist by providing adult role models for GLB youth, and community resources can be identified to students with information on issues of concern.

The school counselor needs to act as an advocate for students and institutional change. GLB youth need to feel support and affirmation (Reynolds & Koski, 1994). As the school counselor provides support and encouragement by confronting discriminatory attitudes and behaviors, GLB students will begin to feel and respond to the support.

Conclusion

Gay, lesbian, and bisexual teens are probably the most underserved students in the educational system (Uribe & Harbeck, 1991). They are at the greatest risk of suicide of all youth as a result of homophobia and institutional discrimination. The combination of homophobia, institutional discrimination, and heterosexism (the maintenance of an exclusive heterosexual perspective of ones personal and social world) serve as agents of isolation, doubt, and fear for GLB

youth. School environments were discussed both as positive and negative climates. The development of positive climates was discussed at the school and district level. Recommendations were provided for school counselors for individual training related to issues for GLB youth. Ultimately, such training would assist counselors in appropriate program development and service delivery to meet GLB student needs. By better serving youth with differing sexual orientations, fewer may be lost to the streets, drugs, prostitution, and suicide.

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> *"That is what learning is. You suddenly understand something you've understood all your life, but in a new way."*
>
> —Doris Lessing, *The Four-Gated City*

Learning about the Concerns of Minority Children: Some Suggestions for School Counselors

Jesse A. Brinson

The purpose of this article is to provide school counselors with practical suggestions for learning about the concerns of minority children in our nation's schools.

In its role statement, the American School Counselor Association (1992) urged practitioners to establish a network of support programs that meet the unique needs of minority students in our nation's schools. The motivation for this statement appeared to focus on the fact that more students from underrepresented groups were attending our nation's schools. While school counselors work with children from a variety of racial and cultural backgrounds, and employ a variety of skills and talents to help young people reach educational milestones, the fact remains that many counselors lack the necessary understanding of the personal, social, and developmental issues for developing programs that may assist minority students in their educational development.

Surveys of practicing school counselors have found that many counselors have a need for a broader understanding of special populations of students (particularly racial/ethnic minorities) and a broader understanding of multicultural issues (Carey, Reinat, & Fontes, 1990; Rotter, 1990). The problem could be that historically, training programs rarely integrated multiculturalism into the school counseling curriculum (Brinson & Altekruse, in preparation; Lewis & Hayes, 1991; Pedersen, 1988). Due to accreditation standards in counseling programs, however, more emphasis is placed on multicultural variables in the core training curriculum. Nonetheless, given that the majority of counselors practicing in our nation's schools are members of the majority

culture, one could speculate that the amount of meaningful social contact between counselors and culturally diverse students and their families is minimal at best. Without meaningful contact between any two groups, the probability of getting to know the other is limited.

This article will address: (a) the demographic trends of our schools and their implications for minority students, (b) describe the unique challenges of minority children in the schools, and (c) suggest practical ways for school counselors to learn about the psycho-social concerns of minority children.

Demographic Trends and Their Implications

By the turn of the century, racial and ethnic minorities will represent a sizable percentage of the United States school population. Children will be more Asian-American, more Hispanic (but not more Cuban-American), more African-American, and less Anglo-American (Hodgkinson, 1986; Lewis & Hayes, 1991). Essentially, one out of three children in our nation's classrooms will be a child from a racial or ethnic minority group by the year 2000. Both public and private school systems can expect more culturally diverse students near the turn of the century. This trend is already happening in California and Texas where racial minorities currently make up over 50% of their elementary and secondary student population (Pai, 1990). This data suggests that our future schools will become a culture of greater diversity than is currently in existence.

As minority children become more prevalent in our nation's schools, it is likely that many of them will meet with varying degrees of resistance from individuals who may not feel comfortable with their cultural differences. When the dominant group in a society adopts the posture that its own set of values constitutes the only idealized norm in that society, the ethnic practices or traits of minority cultures are likely seen as deficient patterns that must be corrected either through education or coercion (Pai, 1990). Since the school systems represent the values of the dominant culture, those children who demonstrate behaviors and attitudes in opposition to the mainstream may experience some conflict (Colbert, 1991).

Children from culturally diverse backgrounds could be victims of negative stereotyping and culture shock as more move into the schools. For example, professionals often ask at multicultural workshops: "Why is it that minority youth are poor in math and cannot read or write well?" Yet, when those same professionals receive the response "that a drug dealer can take those same children and give them each a gram of cocaine, tell them to divide it into four fourths, mark it up fifty percent, sell it at a thirty percent discount, take ten percent profit for yourself, and bring the drug dealer back a twenty percent

profit," they question how those students can perform such a complicated mathematical task. This example is not used to reinforce negative perceptions of minority children, but to illustrate how children often rise to our expectations of them. However, a negative perception of minority groups often results in an insidious type of racial bigotry (Crosby, Bromley, & Saxe, 1980; Gaertner & Dovidio, 1981). Without a clear understanding of the issues that concern minority students, many professionals will continue their negative perception of many minority children.

Unique Challenges of Minority Children

Minority children represent the fastest growing student population and there is little information available about their problems or needs (Gibbs & Huang, 1991). However, the literature indicates that the needs of minority students are often different from those of the majority culture. For example, children of migrant farm workers often drop out of school at the incredible rate of 90% (Rollason, 1985). Due to the instability of family life and necessity of working to help support the family, many of these children will rarely complete a full school term. As a result, many migrant students have poor academic skills, have difficulty communicating in English, and are generally unaware of the policies and procedures of the school system. Olsen (1988), with reference to immigrant children, particularly Southeast Asian and Hispanic students, points to the fact that language and academic needs are a great concern to this population.

African-American students also experience academic concerns. However, their problems appear more pervasive in the area pertaining to the school environment. Many of these students have indicated that some personnel are biased against African-American students. Unlike immigrant students who experience language and cultural problems, African-American students are trying to reconcile their historical and contemporary relationship with individuals of the mainstream, dominate society (Jaynes & Williams, 1989; Ogbu, 1985).

African-American students often report that their counselor is a racist. This claim is often based on very superficial information. For example, if a counselor is in a shopping mall and recognizes a student while he or she is out shopping, but does not acknowledge that he or she has seen the student, the student will often interpret this as racist behavior. For the African-American student, this lack of acknowledgment is a sign of disrespect. For many of these students, the student-counselor relationship extends far beyond the school. Noncompliance in the classroom is a way many of the students may express their dislike or disrespect. Unfortunately, African-American students who display such a bad attitude are frequently denied opportunities for participating in special enrich-

ment or honors programs (Solomon, 1988). Persons from other cultures may not be aware of the psychological and developmental influences on the behavioral expressions of African-American children.

In reference to Native-American students, particularly those who have grown up in a traditional setting, adjusting to the cultural norms of mainstream schooling will be a major concern. The stress of reconciling their values against the values of the majority culture may account for the high rates of truancy and school failure among Native-American children (RedHorse, 1982; Shore, 1988). Reared according to traditional norms, many find it difficult to meet the school's expectation that good students be more assertive in exchanging their views with other students and the teacher (Pai, 1990). Unlike children from the mainstream culture, who are reared to be assertive and stress their individuality, Native-American cultures rear their children not to interfere with others and to observe rather than react impulsively (Wise & Miller, 1983). As a result, many Native-American children are inclined to be less active in the classroom where group interaction is a key to teacher evaluation. Native-American children may be seen as unmotivated in schools because of a reluctance to compete with peers in the classroom (Wise & Miller, 1983). The clashing of the two cultures becomes a concern for Native-American children as they learn to reconcile the cultural discontinuities of home and school.

These are just a few of the challenges that some minority students encounter as they interface with the mainstream school system. While many of these issues currently exist for minority students, these and others will likely become more pronounced as the schools become more culturally diverse. Counselors can help minority children deal more effectively with some of these concerns. In order to be of greater assistance, however, counselors should attempt to learn more about the concerns of these children.

Learning About the Concerns of Minority Children

The following recommendations will improve the understanding of the issues concerning this population. While some of the suggestions are traditional in nature, nontraditional methods of learning about the issues of minority children are also suggested. If counselors do not know what concerns minority children, there will be no way to effectively help these students.

Specified Readings. Counselors should be familiar with the literature related to understanding the concerns of minorities. Counselors could profit greatly by reading the following books:

*_Increasing multicultural understanding: A comprehensive model_ (Locke, 1992). The model presented in the book provides a solid, sound framework for helping

professionals gain knowledge and understanding of culturally diverse individuals and groups. As Locke points out, while thorough and comprehensive, it is succinct enough to be useful in examining the cultural patterns, social relationships, and experiences of culturally diverse individuals and groups in American society.

**Effective schools: Critical issues in the education of black children* (NABSE, 1989). This book is published by the The National Alliance of Black School Educators and examines the educational needs of African-American students in our public schools. Counselors will find this resource particularly helpful in improving their skills in assisting students to explore career issues and personal problems. For information on how to obtain a copy of this publication contact: National Alliance of Black School Educators, 2816 Georgia Avenue, N. W., Washington, D. C. 20001.

**Crossing the schoolhouse border: Immigrant children in California* (Olsen, 1988). This article describes the difficulties immigrant children experience in the U. S. educational system. This article highlights the problems these children meet in the schools and the challenges educators face. In addition, an excellent article by Erickson and Mohatt (1988) examines learning failures of Native American children and offers suggestions for improving the performance of these children in the classroom. (see References)

**Counseling the culturally different: Theory and practice* (Sue & Sue, 1990). This book is a must read for any professional. It may be considered a complete guide for developing culture-specific helping styles for culturally diverse populations. The chapter on the history of oppression, discrimination, and racism has affected the way minorities perceive the counseling professional and will help to enlighten a counselor who may not be aware of the survival strategies developed by culturally diverse groups to survive in our society.

All of the recommended readings amply illustrate the kinds of difficulties culturally diverse students may encounter when entering the mainstream school system.

Media Programming. There are several television programs that address the issues facing specific minority youth. "Teen Summit," for example, is aired on Black Entertainment Television (BET) every Saturday morning at 9:00 a.m. Eastern Standard Time. This program covers a number of issues concerning African-American youth. By watching this program, counselors can gain important insights that have particular relevance to the educational needs of this population. Similar programs are available on stations geared for Spanish-speaking youth. While most of the programs are in Spanish, one can order the transcript of specific programs in English. Counselors may consult a television guide for the airing of such programs.

The Arts: Music is an excellent way to learn about issues of concern to minority youth. While rap music is generally not embraced by the educated masses in our society, some forms of the music idiom will provide counselors with many of the concerns facing minority youth, specifically, rap artists whose songs are geared around educational themes. For example, counselors may wish to listen to the positive rap artist "Young MC" whose songs communicate the reasons for some inner city kids dropping out of school. As a university graduate, "Young MC" writes lyrics that speak to the needs and concerns of this population.

Mentoring Programs: In every city there are programs available where professionals can serve as mentors to individuals from under-represented groups, such as the mentoring program through the local Boys and Girls club. Through this program, significant contact with children from a number of racial and ethnic groups can be established. In special events or activities, the mentors often meet with the parents of these children which affords an excellent opportunity to have direct contact to learn about another's culture. There are several advantages to the mentor and mentee in a cross-cultural mentoring relationship. Brinson and Kottler (1993) assert that cross-cultural mentoring models the cooperation we hope to foster in society at large. The relationship also helps individuals broaden their perspectives so that their ideas are generalizable and applicable to a wider range of people.

Workshops: Workshops or forums that address issues of special concern to minority youth are an excellent way to learn about the concerns of other cultural populations. The Multicultural Training Institute, a national training program which conducts workshops for improving cultural sensitivity in schools, businesses and industries serves as an excellent source for learning about the concerns of culturally diverse students. For a detailed brochure of future workshops write to MCT, Alexandria, VA 70321. These organizations offer workshops all year long and can be accessed during those months that school is not in session.

At the same time, counselors can take advantage of workshops at the local and state level. These are most prevalent during months that celebrate the contributions of ethnic minorities to the U.S. culture. Respected scholars in the fields of education or mental health are generally associated with these events.

Conclusion

The schools will experience a greater number of children from minority groups by the turn of the century. Many of these children will experience adjustment difficulties in and outside of the school. To better serve this population is an important professional objective for counselors. A child's develop-

ing personality may be greatly influenced when professionals lack an understanding of cultural issues in the lives of children (Anderson & Cranston-Gingras, 1991).

In a field in which professional counselors are concerned about human development, there needs to be greater understanding about the concerns and issues of a growing culturally diverse student population. Once counselors have a better understanding of the issues and concerns facing minority students, they will be better prepared to establish the unique programs which will assist minority students in their quest to achieve educational excellence.

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Sexual Harassment in Schools: What's the Problem?

Russell A. Sabella

Once thought to be a problem exclusive to adults, sexual harassment is now known to pervade the experiences of students. Sexual harassment can have a debilitating effect on students' personal development and academic success. This article investigates the issues of sexual harassment among students and suggests four approaches (large group guidance facilitator, complaint manager/coordinator, parent consultant, and peer helper program trainer) school counselors can take to confront sexual harassment at their schools.

The public has become increasingly aware, through the media and increased educational efforts, of the pervasiveness and intensity of sexual harassment. It has been a controversial, sensitive, and elusive problem that has been mostly ignored even in light of its damaging repercussions. Sexual harassment has impacted people across gender, race, educational levels, and socioeconomic status. No individual is immune from its debilitating effects on mental health, job performance, academic progress, and economic potential in general (Sabella & Myrick, 1995).

One critical incident of sexual harassment made an especially dramatic impact on the public's awareness. In October, 1991, Professor Anita Hill accused Judge Clarence Thomas of sexual harassment after his nomination to the United States Supreme Court. When the U.S. Senate appeared ready to confirm Thomas without airing the charges, an outpouring of protest from American women stopped the proceeding in its tracks and forced a public hearing (Petrocelli & Repa, 1992). Since this time, a great deal of knowledge has been ascertained about the nature of sexual harassment in the workplace and in colleges. Only presently, however, has the topic of sexual harassment involved elementary, middle, junior high, and secondary schools. Until now, sexual harassment was presumed to be a problem exclusive to adults or adult environments. This article presents an overview of sexual harassment in

schools and includes the nature of sexual harassment; a working definition; its effects on victims and perpetrators; and other liabilities in the form of litigation. Further presented are four approaches that school counselors can take as part of a sexual harassment risk reduction program.

Sexual Harassment Defined

The forms that sexual harassment can take are varied. However, federal guidelines passed by the Equal Employment Opportunity Commission (EEOC) in 1980 can serve as a starting point for seeking clarity on murky definitional issues. The EEOC classifies sexual harassment as a form of sex discrimination under Title VII of the 1964 Civil Rights Act. According to the EEOC, sexual harassment encompasses unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. In the work place, sexual harassment can be said to have occurred when (a) submission to such conduct is either explicitly or implicitly made a term or condition of an individual's employment; (b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions; or (c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment (Lumsden, 1992).

Quid Pro Quo and hostile environment are two general categories of sexual harassment. Literally meaning "this for that," quid pro quo occurs when employment (or academic) opportunities or benefits are linked with sexual conduct. Conversely, it also includes harassment in which sexual advances are made with the stated or implied threat that if the advances are not accepted, there will be work or school related reprisals. A hostile environment involves unwanted, personally offensive sexual attention that need not be directly associated with an employment or academic decision involving the person being harassed (Shoop, 1992).

Strauss (1988) provided a description of sexual harassment that focuses on adolescents. Included are specific behaviors that are unwanted and sexual in nature such as touching, verbal comments, sexual name calling, spreading sexual rumors, gestures, jokes, cartoons, pictures, leers, too personal conversation, cornering/blocking movements, pulling at clothes, students "making out" in the hallway, attempted rape/rape. Bouchard (1990) reported four parts of sexual harassment. First, sexual harassment is one-sided and unwelcome. Second, it is about power, not about physical attraction. Third, sexual harassment happens over and over, and does not stop even after confrontation. Fourth, the victim simply cannot get the offender to cease his/her harassing behavior.

What is the Problem?

Episodes of sexual harassment are now known to pervade the experiences of children and teen-agers even as early as third grade (Harris, 1993). For example, a neighbor makes comments about the size of a young girl's breasts. Or, a teacher implies he will give a student a higher grade if she sits on his lap, kisses him, touches him, or flirts with him. Perhaps, a tennis coach rubs against a male student during practice. A camp counselor may manipulate situations so a student is frequently alone with him or her.

Peer-on-peer sexual harassment is the most prevalent type of sexual harassment in the schools (Harris, 1993; Strauss, 1987). Consider, for example, the cases of Martin, Topeka, and Steven. Martin is an eighth grade boy who believed that it was funny to make sexual gestures at girls to invoke their reactions. It not only amused him but also his friends who would watch. The victim suffered embarrassment and wanted it to cease. Because Martin was a popular boy with all the students and the faculty, she was hesitant to report him. She felt powerless.

Topeka is an attractive and popular tenth grade girl. Several boys asked for her phone number with intentions of eventually "going steady with her". She disregarded such requests because she was interested only in one boy, Kevin. When Topeka asked Kevin for his phone number, he did not give it to her because, unbeknownst to her, his parents would not allow it. Topeka grew angry and accused him of being stupid. In the halls, she tried to humiliate him by making sexual and derogatory remarks like, "Kevin, you don't know what you're missing. You're too dumb to know better. You're probably not man enough to have me anyway!"

Steven is a sixth grade student. He was picked on by a group of eighth grade girls who often teased him. He first thought that they were just flirting with him which made him feel good. However, the girls began to focus on his body, pinch, and laugh at him. Steven tried to avoid them, but the girls always seemed to find him. He told himself that he was making something out of nothing. He also wondered if boys can be sexually harassed (Sabella & Myrick, 1995b).

Martin, Topeka, Steven, and their classmates need help. Their knowledge, repertoire of behaviors, and various attitudes about the other gender are limited. These students need to learn about the nature of sexual harassment: what it is, how to avoid it, how to resolve it, how to report it, and how to assist in reducing the overall occurrence of sexual harassment in the school setting.

The first survey on peer-to-peer sexual harassment in secondary schools, conducted by the Massachusetts Department of Education, was administered in 1980-81 to approximately 200 male and female high school students. The study revealed that sexual harassment is a problem for many students in high

school, both in vocational high schools and in comprehensive schools; that young women are much more likely to be victims of sexual harassment than their male counterparts, especially in the more severe forms of unwanted sexual attention; that student-to-student sexual harassment is more prevalent than teacher-to-student sexual harassment; and that peer-to-peer sexual harassment, including cases in which the harasser is both known to or identifiable to the victim or not known, ranged from verbal and written comments to physical assault to attempted rape (Bogart & Stein, 1987).

In 1992, the American Association of University Women's (AAUW) Educational Foundation commissioned a questionnaire study to provide an empirically supported profile of the problem of sexual harassment in schools. The survey was completed by a total of 1,632 public school students in grades 8 through 11, from 79 schools across the continental United States. Students were provided a definition of sexual harassment as the following: "Sexual harassment is unwanted and unwelcome sexual behavior which interferes with your life. Sexual harassment is not behaviors that you like or want (for example, wanted kissing, touching, or flirting)" (Harris, 1993 p.6). The AAUW questionnaire found that four out of five students (81%) reported that they were the target of some form of sexual harassment during their school lives. In addition to the finding that sexual harassment is widespread, the survey also reported that:

- Sexual comments, jokes, looks, and gestures—as well as touching, grabbing, and/or pinching in a sexual way—are commonplace in school.
- Being called gay would be more upsetting to boys than actual physical abuse.
- Experiences of student-to-student harassment outnumber all other types of sexual harassment.
- Notably higher numbers of girls than boys say they have suffered as a result of sexual harassment in school; African-American girls have suffered the most.

Schools are responsible for providing a safe and secure environment in which students can perform. Sexual harassment is known to be destructive and traumatic for its victims (Quina & Carlson, 1989). For the perpetrator, being guilty of sexual harassment can result in retributive actions such as suspension from school or legal proceedings (Strauss, 1987). Also, because schools are liable for resolving instances of sexual harassment, negligent school personnel can be subject to significant fines and fees as well as loss of employment (Griffin, 1984).

According to Strauss (1992), without intervention, unhealthy sexual attitudes and behaviors formed before and during adolescence may go unchallenged and unchanged throughout life. Providing information about sexual

harassment and the opportunity to examine one's attitude and behaviors regarding intergender relationships is a positive and effective form of intervention. For many young people, more educational programs can bring about awareness, reflection, empathy, and changes in negative behavior.

Healthier relationships between students can foster increased confidence in oneself and in one's school (Wittmer & Myrick, 1989). The perception of school comfort only becomes more positive with heightened levels of safety, security, and confidence. Positive relationships can also allow students to better focus on their schoolwork rather than on their fear of others or certain situations (Purkey, 1970). Therefore, alleviating sexual harassment could have a beneficial outcome on how students feel about themselves and how they get along, both known to foster academic performance.

The Victims of Sexual Harassment

One factor which compels intervention efforts in the area of sexual harassment is the experience of the victim. Sexual Harassment Trauma Syndrome, as described by Woody and Perry (1993), is comprised of emotional reactions, physical reactions, changes in self perception, interpersonal relatedness and sexual effects, and career effects. Further, the authors noted that sexual harassment of one family member can disrupt or alter the entire family system.

The emotional impact of sexual harassment was further delineated by the AAUW study (Harris, 1993) which indicated that 50 percent of all students who have been harassed suffered embarrassment. Similarly, 37 percent of students attributed to sexual harassment their feelings of self-consciousness, 29 percent felt less sure or less confident about themselves, 24 percent felt afraid or scared, 21 percent doubted whether they can have a happy romantic relationship, 17 percent felt confused about who they are, 16 percent felt less popular, and 12 percent felt more popular because of experiencing sexual harassment.

Sandler (1989) noted that a victim who is harassed often finds herself in a double bind. She may be unsure if a real injustice has occurred. Did he really touch her breast or did she imagine it? If he really did touch her in a sexual way, is that really something she ought to complain about? Will anyone take her seriously if she does? If she ignores it, will it go away? These questions are not easy to answer and often leave a victim in an intellectual and emotional quandary.

The Perpetrators of Sexual Harassment

Harassers are people with a "hangup" about power; they are frequently bullies. Harassers like to give orders and make other people afraid. They are

often people who will do anything to have their own way. Sexual harassers can often pick up the wrong message from televisions and movies about what other people want. Sometimes, the harasser is a sadist, someone who simply enjoys inflicting pain on others (Bouchard, 1990).

Sexual harassment perpetrators can also experience detrimental consequences because sexual harassment is a moral and legal violation against society. Further, sexual harassment is usually a violation of school rules, regulations, or policy. In addition to hurting the victim, a perpetrator is subject to school disciplinary procedures ranging from verbal reprimand to expulsion. Criminal proceedings may find a perpetrator guilty of at least a misdemeanor which carries with it fines, probation, or jail time.

The Liabilities of Sexual Harassment

Incidents of sexual harassment have evoked lawsuits involving money settlements, community outrage, and displays of ignorance. For instance, LEXIS/NEXIS is a commercial online database service which provides information, including legal documents, from all states and some other countries, the texts of major newspapers and periodicals, and medical information (LEXIS/NEXIS User's Guide, 1993). A LEXIS/NEXIS search using the key words "sexual harassment and school" resulted in the following reports in various major newspapers:

- In the Georgia case of Franklin vs. Gwinnett County Public Schools, the court ruled that "victims of sexual harassment and other forms of sex discrimination in schools may sue for monetary damages" under Title IX of the Education Amendments of 1972. Title IX prohibits discrimination on the basis of gender in schools and colleges that receive federal funding. According to some lawyers, the legal decision "could result in multimillion-dollar award verdicts against school districts and colleges." (Franklin v. Gwinnett County Public Schools, 1992)

- School officials in one Minnesota high school ignored a girl's complaints of vulgar treatment by boys for a year and a half until she filed charges with the state and won a $15,000 "mental anguish" settlement.

- A high school girl filed suit against her school after officials did nothing about removing graffiti in the boy's bathroom that called her a "slut" and depicted her as doing demeaning acts with boys and animals. She made requests over ten months to have the graffiti removed and for a long time didn't mention it to her parents. The student won a $15,000 settlement.

- A Texas civil rights group filed a federal lawsuit seeking $850,000 against a school district, alleging school leaders failed to protect two teen-age girls from sexual harassment by three boys.

- In California, the U.S. Department of Education's Office of Civil Rights found that one of its school systems failed to protect an eighth grade girl who repeatedly endured classmates' shouts of "moo, moo" and other taunts about her body. Her parents filed a lawsuit and settled out of court for $20,000.

- When a swarm of young men in Missouri surrounded a girl in a New York swimming pool, ripped off her bathing suit and sexually assaulted her, a city official called it, "horseplay that got out of hand."

- A high school newspaper in St. Petersburg, Florida featured stories about sexual harassment. One story included the results of a survey which said that 43 percent of girls and 16 percent of boys had been touched against their will. The survey also asked if girls, "...invite the advances made by a man through their dress or behavior." Sixty-two percent of the boys, and 21 percent of the girls said yes, they did.

- Another Minnesota student, seven years old, became the first elementary school student in the country to accuse her peers of sexual harassment. The student's mother filed a sex discrimination complaint against the school district charging that it failed to discourage harassment of her daughter and other girls who were subjected to nasty language, taunting, and other threats. In the settlement, the district agreed to institute a sexual harassment policy.

Additionally, the educational impact of sexual harassment is significant. When students are the target of sexual harassment, their right to an equal education is compromised. Experiencing sexual harassment can interfere with learning, attendance, course choices, grades, and therefore economic potential (Strauss, 1988). Consider that 23 percent of students who have been sexually harassed say that one outcome of the experience is not wanting to attend school. Nearly one in four girls (24%) say that harassment caused them to stay home from school or cut a class (Harris, 1993). Since school attendance is directly related to grades, increased truancy can increase the risk of jeopardizing one's career potential (Bobbett, 1993; Ceci, 1991; and Lee, 1989).

Further, 23 percent of those experiencing sexual harassment reported not wanting to talk as much in class afterwards (Harris, 1993). Several studies indicate that there already exists a lower rate of class participation among female students as compared to male students at the elementary level (Biraimah, 1989; DeVoe, 1991; Visser, 1987). Experiencing sexual harassment may add to the problem of low participation among females.

Twenty-one percent of students who have been sexually harassed say the experience has made it more difficult to pay attention in school. Sixteen percent of students said they have made a lower grade on a test or paper; 13 percent made a lower grade in class; 16 percent found it hard to study; and 12 percent of students who have been harassed had thoughts about changing schools. A

small percentage of students changed schools and doubted whether they had what it takes to graduate from high school because of sexual harassment (3% and 4%, respectively, Harris, 1993).

Four Approaches for School Counselors

Combatting sexual harassment should be a school-wide effort and involve administrators, faculty, staff, parents, and the community. However, school counselors can take a lead in coordinating and implementing various parts of a sexual harassment risk reduction program. There are at least four approaches that counselors can take to do their part: These include conducting sensitivity training among students in the form of large group guidance and with adults in the form of in-service training; acting as the complaint manager/coordinator; consulting with parents; and implementing a peer helper program that directly addresses the problem of sexual harassment (Sabella & Myrick, 1995b).

Sensitivity Training Via Large Group Guidance

Sexual harassment sensitivity training can be conducted via a large group guidance unit. For instance, Sabella & Myrick (1995) present an eight session unit that includes enhancing knowledge, skills, attitudes, and behaviors (such as reporting behaviors) that are incompatible with those that support sexual harassment. Further, the authors provide 27 supplementary activities that can be substituted within any of the sessions. Unit activities include objectives such as (a) To introduce the topic of boy-girl relationships and how physical changes influence personal relationships; to introduce the concept of sexual harassment and the extent of harassment problems in society; (b) To increase awareness of sexual harassment mythology; to reject false beliefs about sexual harassment; (c) To help students identify sexual harassment when it occurs; to distinguish such an event from one not considered to constitute sexual harassment; (d) To promote self-disclosure about topics related to healthy and mutually respectful relationships; (e) To teach communication skills which include active listening and nonverbal communication; (f) To teach the concept of respecting other's "comfort zone"; (g) To teach students how to confront a perpetrator, report sexual harassment, and effectively support and help others experiencing sexual harassment; and (h) To help students make a future commitment towards preventing sexual harassment.

Seventy-one percent of 300 sixth grade students who participated in Sabella and Myrick's guidance unit about sexual harassment, and completed evaluations, agreed that they better understood sexual harassment. The same percentage of students reported that their understanding of others increased. Sixty-six percent said the experience had a positive impact on them. Open-ended ques-

tions produced comments such as, "I think I learned a lot because when I was in 4th grade my friend got harassed and I didn't know what to do but now I do. I learned a lot this year." and "Now I know what to say to a person if they sexually harass me ... you know who (sic) to talk to."

Complaint Manager/Coordinator

An effective sexual harassment risk reduction program also includes a person who is designated to receive and process informal and formal complaints. The school counselor is in a good position to fulfill this role. Often times, complaints of sexual harassment come only after the victim has endured such behavior for quite some time. Consequently, the complaint will come with varied and intense negative emotions. A counselor can effectively attend to the complainant's emotional condition as well as processing the actual complaint. A counselor, in this sense, can work to alleviate the post traumatic stress often involved with such victimization. Further, if the complainant is a student and reports that the harasser is an adult in the school such as a teacher or staff member, the school counselor can use his or her organizational, consulting, and counseling skills to manage such a delicate situation.

The Office for Civil Rights (OCR) has, at the time of this writing, published a first draft of the Policy Guidance Regarding Peer Sexual Harassment (Cantu, 1996). The purpose of the policy is to facilitate appropriate investigations of alleged sexual harassment of a student, or students by another student or group of students (peer harassment), which has created a hostile environment at an educational institution that receives Federal financial assistance.

The OCR policy outlines behaviors which constitute sexual harassment, procedures for notice and grievance, and the applicability of Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex in educational programs and activities, including sexual harassment of students.

Parent Consultation

As a consultant to parents, school counselors can offer training that helps parents become more knowledgeable about the problem and how they can contribute to prevention. According to Sabella & Myrick (1995), parents can:

- Teach their children attitudes and behaviors, beginning at an early age, that lead to healthy, mutually respectful, and flexible relationships.

- Listen carefully to a child who is complaining about a problem involving sexual harassment. Sometimes, parents can unintentionally make state-

ments that could be considered "blaming the victim" (e.g., "I told you not to wear those kinds of clothes to school. What do you expect?").

- Be involved in the formulation of school policies, procedures, and protocol regarding sexual harassment. For example, parents can lend support to a zero tolerance policy.

- Speak to administrators about sexual harassment concerns.

- Take time to understand the problem of sexual harassment by talking with others, reading about it, and asking questions. Sexual harassment, especially the issue of informed consent, can be confusing.

Peer Helper Program Trainer/Coordinator

According to Myrick & Bowman (1981), peer helpers are students who use helping concepts and skills to assist other students — and sometimes adults — to think about ideas and feelings, to explore alternatives to situations, and to make responsible decisions. Peer helpers are not advice givers or problem-solvers for someone else. They are not certified counselors or psychologists. Rather, they are sensitive listeners who are able to give appropriate feedback and encouragement to others. The importance of using peer helpers in sexual harassment intervention lies in their power to exert a significant influence over each other. Myrick and Sorenson (1992) noted that, "As children mature, peer influences become increasingly more important in their lives. Peer groups influence social attitudes and skills, emotional well being, and the general climate of the school and community. When adolescents behave in dysfunctional ways, their behavior is often attributed more to their peer relationships than to family interactions. This is especially true for problems related to drug use, delinquency, and sexual behavior." (p. 9)

People tend to talk to others perceived most like themselves about personal problems. One middle school study showed that less than a third of the student body believed there was someone in school to whom they could talk about their problems. Less than a third said they knew of a teacher or friendly adult available to listen to them. Most agreed that when they or their friends had problems, another student was the best place to find help (Myrick & Sorenson, 1992).

The AAUW study also determined that boys who have been harassed are more likely than girls to have told no one (27% and 19%, respectively). Further, a scant seven percent of sexually harassed students say they have told a teacher about the experience, with girls twice as likely as boys to have done this. By far, most reporting takes place on a peer-to-peer basis: 63 percent of sexually harassed students have told a friend (49% of boys and 77% of girls, Harris,

1993). Accordingly, peers can be used as effective and efficient assistants in combatting the problem of sexual harassment.

There are four critical areas in which peer influence dominates: in finding out how to deal with aggression, in learning about sex, in developing moral standards from within, and in finding emotional security (Segal & Segal, 1986). Therefore, students remain on the front line when it comes to recognizing incidents of sexual harassment. Peers can be important resources for assisting in sexual harassment prevention efforts.

Informal peer education is a natural part of high school life. Countless times during the normal course of a school day, information of varying degrees of accuracy on such topics as sex, alcohol, drugs, hygiene, and diet passes from one student to another. Often those students who enjoy a high status among their contemporaries are viewed as purveyors of reliable information in these areas. Training and supervising peer helpers in projects for reducing the risk of sexual harassment is a more systematic approach to the natural order of school life. Natural opinion leaders, interested in being more effective helpers, are seen as ideal instruments for inculcating healthy lifestyles in a school population. Given proper training (e.g., see Brigman & Earley, 1990; Myrick & Bowman, 1981; Myrick & Folk, 1991; Myrick & Sorenson, 1992; Painter, 1989; Tindall & Gray, 1985), these natural leaders can serve not only as role models but as advocates of healthy skills and information (Sparks & Hudson, 1984).

Summary

The issue of sexual harassment is controversial, sensitive, and sometimes unpleasant to discuss. However, it is a pervasive problem that is now recognized to affect students at a young age. Students can be emotionally and physically traumatized which seriously hinders the developmental and educational processes. The injurious effects of sexual harassment span from the classroom to the courtroom. The destructive nature of sexual harassment compels action and further research in the area of counselor interventions. Further, because sexual harassment occurs mostly among peers, actions and investigations which include using peer helpers as intervention facilitators are needed.

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> *A teacher affects eternity; he (sic) can never tell where his (sic) influence stops.*
>
> —Henry Adams, *The Education of Henry Adams*

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Brotherhood of Super Stars (BOSS): A Success-in- School Program for African-American Males

Catherine Wilson
Audrey Hill

This article describes one successful high school program that is helping to change the future for African-American males.

"Educationally, we (Black people) are number one in all the negative measures of success. That is, we have the highest dropout rate, the highest rate of teenage pregnancy, the fastest growing AIDS rate, and the lowest income rate" (Harris, 1990, p.134). This statement was made by J. Jerome Harris, the superintendent of the Atlanta, Georgia Public School System. He further concluded that the longer African-American children stay in school, the further they fall behind other students.

Findings reported by Gallien (1992) in an examination of five secondary schools in Jackson, Mississippi support this statement. This study reported the following data about the education of African-American students, specifically males: (a) Between 1973 and 1986, the average real earning for African-American men, ages 20-24, fell by 50%; (b) In schools, African-Americans are disciplined, expelled, and suspended at higher rates than any other group, or they are more likely to be diagnosed as mentally retarded and emotionally disturbed; (c) African-Americans are disproportionately represented in low ability groups and seldom tracked in college prep courses. Fewer than 30% of all African-American students take courses that prepare them for four year colleges; (d) Of all African-American males in college, 43% enroll in two-year colleges, and only 10% of these make the transition to four-year schools. Gallien (1992) projects that if these trends continue at their current rate, by the year 2000

up to 70% of the African-American men in this country would be awaiting trial, imprisoned, addicted to drugs, or dead.

This article reviews some of the current theories regarding the poor achievement of African-American males, as well as reviews some school programs that have been developed in schools in response to the situation. One secondary school program, The Brotherhood of Super Stars (BOSS), that has made a difference in the academic success of African-American males, will be described in detail.

Correlates of Poor School Performance of African-American Males

The facts are clear. There are a number of ideas regarding the poor school performance of African-American males. One popular notion of why some African-American males perform poorly in school is low self-esteem (Marchant, 1991). African-American youth tend to have lower levels of self-esteem than Whites on public aspects of their self-esteem which are defined as intelligence aspects; however, African-American youth have higher levels of self-esteem for private satisfaction with self in areas such as athletic ability and competence in sports (Reglin & Chisom, 1992). Because it has been found repeatedly that young African-Americans express above average levels of self-esteem which are often higher than those of White youth, Madhere (1991) believes they must be making a distinction between their beliefs about themselves and their judgments about social situations and outcomes. African-American teens tend to identify with athletes and entertainers whom they often see as role models in the media. This can hurt their chances of success since there are only 1200 African-American professional athletes while there are actually 12 times more African-American lawyers, three times more African-American dentists, and 15 times more African-American doctors than African-American athletes (Reglin & Chisom, 1992).

Another theory used to explain the poor school performance of African-American males is locus of control which is defined as the generalized expectancy for internal or external control of reinforcement. Individuals exhibit an internal locus of control if they believe they have control or responsibility for things that occur in their lives. Individuals exhibit an external locus of control if they believe that other people or chance are responsibile for what happens to them. Howerton, Enger and Cobbs (1993) found a significant relationship between locus of control and academic achievement. They reported at-risk African-American males were more externally oriented than other males, and the relationship between locus of control and academic achievement for African-American males was lower than their school peers.

Social communication has been offered as another obstacle to success in school (Marchant, 1991; Anderson, 1992). They suggest that problems caused by teacher reaction to adolescent conversational language use, the qualitative differences in language choices, or the impact of the conversational choices of adolescents may lead to over-representation of adolescent African-American learners in classes identified as behavior disordered.

A view set forth by Janice Hale-Benson (1986) challenges the whole educational structure. She proposes that the dominant White culture holds basic assumptions about education that are directly in conflict with the pedagogy of African-American culture. This is seen specifically in issues of cooperation, classroom interaction, and curriculum. The result is that many African-American students see little connection between their experience in integrated schools and their history and cultural upbringing or beliefs about education. Marchant (1991) recommends an educational system that encourages self-directed learning and self-evaluation.

There is no consensus as to one specific cause of poor school performance of African-American males. The theories that seek to explain this problem range from an investigation of factors within the individual, to identification of possible school and community factors, to a concern about the educational establishment as a whole.

Responses to the Educational Underachievement of African-American Males

It would appear from the literature cited above that the educational system in this country provides a hostile environment for the African-American male that hinders, rather than promotes, learning and success; yet programs are being implemented in schools that are making a difference.

Programs to promote the academic success of African-American males take a variety of forms: in-class or pull-out, tutorial or recreational, academic or cultural. Examples of these programs include an outreach program in Hearne, Texas where male high school students are being hired as elementary school teacher aides to serve as role models for these younger children (Walker, 1988). Theatre Rehearsal Technique (TRT) is being used to help students gain success in their social communication interactions and therefore, impact their educational placement (Anderson, 1992). The Positive Impact Program (PIP) for At-Risk Black Males is an in-school program that provides positive role models, emotional support, enhanced self-esteem, awareness and appreciation of cultural heritage, community pride, recreational activities, and support to deal with negative peer pressure (Cobbs & McCallum, 1992).

Programs that support African-American males in the schools seem to have some common variations (Lee, 1991). They have appeared in schools at all levels, elementary through secondary. They may address an entire class or school, or they may pull out identified students. They may be focused on academics, recreation, or culture. Ascher (1992) identified the program similarities. She has recognized five common goals. The first is to provide appropriate, same sex role models and to provide a chance for the boys to bond with these male role models. The second goal is to provide a transition to manhood through the use of formal "initiation rites". A third goal of cultural inoculation serves to instill new values and behaviors that allow these students to maintain their cultural identity and simultaneously learn ways to work with adults in the school. A fourth goal is to create a strengthened parent and community involvement. A fifth goal of these programs is to provide a safe haven that offers values to replace the often antisocial values that exist in students' peer groups and neighborhoods. There have been a variety of school based programs designed to improve the success of African-American males. These programs vary greatly in format, but the successful programs seem to contain common elements.

Brotherhood of Super Stars - BOSS

One program that encompasses all of the elements described by Ascher is the Brotherhood of Super Stars (BOSS) program offered at Watkins Mill High School in Gaithersburg, Maryland.

Background

Watkins Mill is located in Montgomery County, a suburb of Washington, DC. Its 1,600 member student body is 62% Caucasian, 22% African-American, 9% Asian, and 7% Hispanic. Approximately 65% of the students go on to attend a four year college with another 25% attending two-year schools. For African-American students, 34% attend a four-year college and 18% attend a two-year college; for African-American males, these figures are 31% and 19% respectively. The average SAT score for students in this school is 463 verbal and 513 math. Average scores for African-American students are 403 verbal and 424 math; for African-American males, the average scores are 403 verbal and 437 math.

Rationale

BOSS is a school-sponsored organization, begun in 1990, comprised of selected African-American male students, parents, staff, and community representatives. A local chapter of Kappa Alpha Psi Fraternity, Inc. is a fraternity of

African-American male professionals who have agreed to sponsor and support many of the group's activities.

The purpose of BOSS is to emphasize school success by promoting a positive self-esteem. To achieve this purpose, yearly activities include mentoring, career planning and development, cultural awareness, tutoring, and other social activities.

BOSS meets twice monthly during alternating class periods. Twenty African-American males in the 11th and 12th grades are selected from a pool of applicants to be in the program each year. Selection criteria includes teacher recommendations, application information, and an interview. There is a parent support group that meets bi-monthly to discuss such topics as study strategies, communication skills, parenting strategies, or to hear motivational speakers. There is also a BOSS Advisory Committee comprised of school staff, parents, and fraternity representatives. This committee supports program development and coordinates monthly activities.

Goals

The BOSS program strives to achieve all of the goals identified by Ascher as desired outcomes of a program designed to support African-American males. The first of these goals is to provide appropriate, same sex role models. Few African-American male staff members were available to work with the students as mentors; therefore, members of the Kappa Alpha Psi fraternity helped meet this goal. Each student in the BOSS group was matched with a mentor. This person met with the student regarding academic issues, social and cultural concerns, and their experiences as an Africa-American male in the business world. Mentor and student had opportunities to meet together both in and out of school, in academic and social settings.

The second goal is to provide a transition to manhood through the use of formal "initiation rites". Each year, new members are inducted in the BOSS group. They are nominated by staff members and graduating senior BOSS members. The nominations are made on the basis of which students would benefit from such a group, as well as which students would be valuable contributors to the group. There are no specific grade or leadership requirements. The students nominated cover all ranges of academic ability and leadership. Grade point averages for the students in BOSS range from 1.50 to 3.40. The average grade point average for members is 2.34. Some nominees are seen by the faculty as leaders, others are considered at-risk of dropping out. After students are nominated, a committee of staff, fraternity members, and BOSS members screen the applicants. The committee makes its selection by considering grades, disciplinary referrals, the reason given by the person making the nomination, the heritage and cultural diversity the student will bring to the

group, and the needs of the student being nominated. There are no specific requirements to be met; each student is considered individually based on what he can give to the group and what he can get in return. Those students selected for induction are invited to an interview before the committee. An induction ceremony is held, in the evening, and the families of the new members are invited to a potluck dinner, as are the staff and members of the fraternity. There is a keynote speaker and the key ceremony. The BOSS members are given a key on a red ribbon to wear around their neck. This symbolizes the opening of doors and new opportunities. An assistant principal at the school describes the "11 B's of Being BOSS" (Berry, 1993):

1. Be proud of who you are.
2. Be a positive role model for your brothers, sisters and classmates.
3. Be on time to all of your classes.
4. Be an active member of your school. . . Get involved!
5. Be a leader, not a follower.
6. Beware of those who would have you lose sight of your dreams.
7. Be a faithful family member.
8. Be willing to work hard to achieve your goals.
9. Be a "B" or better student.
10. Be proud to wear the key of BOSS.
11. Be responsible for your actions and aware of the consequences.

A third goal of programs for African-American males is to help instill new values and behaviors that allow the student to maintain his cultural identity and simultaneously learn ways to work with adults in the school. During the BOSS meetings, speakers address topics such as cultural awareness, communication skills, and succeeding in academics or the world of work. Some meetings are devoted to a discussion of issues stemming from the unique position of being an African-American male in our society. Cultural issues are also discussed in the parent support group.

A fourth goal is to strengthen parent and community involvement. This is accomplished through the use of community mentors, parent meetings, and community activities. Examples of community activities in which the BOSS members have participated include: preparing Thanksgiving food baskets, conducting a coat and blanket drive for a homeless shelter, tutoring, sponsoring a book drive for a school in Zimbabwe, and mentoring younger African-American males in a low income housing area.

A fifth goal of these programs is to provide a safe haven that offers values to replace the often anti-social values of the students' peer groups and neighborhoods. In addition to the scheduled meetings, the BOSS members participate in an annual leadership training workshop. This is an overnight retreat where students focus on leadership, team building, and communication skills. They meet with their mentors in both educational and social settings. BOSS members also participate in social and recreational activities; they have a basketball team that plays in a county recreation league and sponsor game booths in the school's spring festival.

All of the activities of the BOSS group are designed with specific goals in mind. These goals are: that members learn who they are as a individuals and to identify their strengths and abilities; that members identify resources they can tap to strengthen their abilities; that members learn how their individuality impacts group membership and how to work as part of a group while remaining an individual; and that members learn how they can make a difference both locally and globally.

Outcomes

Of the 82 young men who have graduated after being involved in the program over the past five years, 67 (82%) went to college, eight (10%) enlisted in the military, five (6%) worked full time after graduation, and two (3%) transferred from the school before graduation.

The BOSS program at Watkins Mill is now chartered by Kappa Alpha Psi fraternity. The young men in the program have assisted other schools in the county to adopt the program and apply for their own charters. BOSS is now being implemented in several other high schools and has also been adapted for use in several middle and elementary schools.

BOSS incorporates all five of the common goals described by Ascher as part of a successful program designed to support African-American males. The result is a comprehensive program that promotes success and positive self-concept. Comments from parents and staff and interviews with BOSS members support the documented success rate measured by the number of program participants now attending college. At Watkins Mill, this program is making a difference.

Implications for Counseling

The counselor's role in the implementation of the BOSS program is one of coordinating, consulting, and counseling. In order to develop the program, the counselor coordinates all aspects of the program from advertising, screen-

ing and selecting members to the planning of meetings and activities. Consultation with parents, school staff, BOSS leaders, fraternity members, and community leaders is necessary. The BOSS program is possible because of the pooling of many individual and community resources. Counseling with BOSS members individually and in group is a means to assist them in the clarification of values, goal-setting, and decision-making.

Summary

In the course of his investigation of secondary school African-American males, Gallien (1992) found that most desire the same opportunities in life as their White counterparts. They appear not to suffer from low self-esteem or low self-evaluation of their academic potential. Rather, he concluded that there appears to be a lack of interest and investment in education as a means of getting ahead in life. Because of this, and the supporting demographics surrounding African-American males, Gallien emphasized the need for specific intervention strategies for educational communities that contain significant African-American populations. The BOSS program at Watkins Mill has been doing that successfully for five years.

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Whoso neglects learning in his (sic) youth,
Loses the past and is dead for the future.

—EURIPIDES (FRAGMENT)

A Cross-Cultural Consultation and Educational Program Using Transitional Stages of Counseling

James F. Malone

This article explores the need for multicultural and diversity education in today's schools. After a brief presentation of a rationale for such an emphasis, the focus turns to program implementation. A cross-cultural consultation model based on Doyle's Five Stage Transitional Counseling Model is presented. A team trained by The World of Difference Program intervened with students and faculty at a public high school on Long Island. Each stage of the program is described with a discussion of specific intervention efficacy. Suggestions for successful development of similar programs are presented.

Public schools today continue to be a crucible for the searing mix of issues which influence the lives of our students, their families and ultimately, the community. One of the most pressing of these issues is the cultural diversification of the United States population and the implication of this trend for the delivery of teaching and counseling services (Ivey, Ivey & Simek-Morgan, 1993). Statistics cite birthrate trends and immigration patterns which project an ever increasing non-white population in our schools and worksettings (Lee, 1995). A cynical observer might suggest that government and educational institutions are reacting seriously only now that the numbers of culturally diverse individuals are so hard to ignore. Education and counseling have certainly wrestled in the past with the complexities of race and class (Wehrly, 1995). The 1954 Brown v. The Board of Education Supreme Court decision, school integration, bussing, Head Start programs, bilingual education and affirmative action are but a few of the formalized efforts we have witnessed as interventions to provide equality of instruction and opportunity. The past two decades, however, have seen a more informed emphasis

on multiculturalism and sensitivity to diversity in our counseling and educational settings (Ibrahim, 1991; Wehrly, 1995).

There is no question that our students must enjoy a basic sense of physical and emotional security in order to learn effectively. If we extend the definition of the latter to include feeling understood, valued and accepted on the basis of cultural identity, it is then quite evident that culturally encapsulated educators will be part of the problem, not the solution. Our own cultural intentionality, how we construct meaning in the world as affected by our cultural identity, has a significant impact on our interpersonal encounters (Ivey, Ivey & Simek-Morgan, 1993). This reality makes it clear that the multicultural competence of school administrators, teachers and counselors is a deserving target for continuous training. Takaki (1994) stated that schools are the crucial and hopeful arenas in which we can work out critical differences of race and ethnicity among our young citizens. We simply must engage in courageous self-scrutiny in order to know whether the curricular, teaching and counseling practices we embrace are effective with all of our children. Loche and Pacher (1994) cited how cultural differences between school personnel and students can affect student achievement. In an extended way, conflict between family and school over cultural differences impacts negatively on students' performance (Atkinson & Juntunen, 1994). Ultimately these negative experiences reach beyond the classroom with serious impairment of the life-career development process for minority persons (Hawks & Muha, 1991).

The purpose of this article is to describe the implementation of a cross-cultural education and consultation program on the secondary school level. Duncan (1995) described the cross-cultural consultation process as voluntary training in problem solving where responsible professionals work through their own cultural identity issues in order to increase helping efficacy. Jackson and Hayes (1993) cited Block's (1981) five phase approach to the consulting process in their treatment of multicultural issues in consultation:

1. Entry and Contracting
2. Data Collection and Diagnosis
3. Feedback and Decision to Act
4. Implementation
5. Extension, Recycle or Termination

These phases are quite parallel to Doyle's (1992) five transitional stages in the counseling process:

1. Relationship Building
2. Exploration and Understanding

3. Decision-making (Goal-setting)
4. Working
5. Termination and Follow-up

A counseling approach for consultation was deemed to be especially effective for this program since the crucial dynamics of transference, countertransference and empathy are appropriate contextual constructs for understanding the complexities of cultural identity.

Background

Harborfields High School serves the communities of Centerport and Greenlawn, located on the north shore of Long Island, 35 miles east of New York City. Business and professional occupations are the majority in this predominantly middle and upper middle class socioeconomic area which contains approximately 20,000 residents. The ethnic composition of the 780 high school students is as follows: White (82%), African-American (11%), Asian (5%) and Hispanic (2%). Post secondary education is a high priority with 97% of students attending. During the 1993 - 1994 school year, a district committee of faculty, PTSA and residents assisted in the development of recommendations to the Board of Education on the Board's initiative in the area of multiculturalism. It was clear that Harborfields was a multicultural, multiethnic community in which all residents contributed in unique ways to the success of our schools. However, conflicts also surfaced due to a lack of understanding of the values, customs and cultures of others. At times, prejudices and discrimination contributed to these events. The district decided to introduce a training program to all employees known as "A World of Difference". This multicultural program sponsored by the Anti-Defamation League of B'nai B'rith intends to accentuate positive cultural contributions and to promote self-esteem, cultural awareness and diversity. The program also teaches critical thinking and reasoning skills to reduce prejudices and social conflicts.

Formal training of our team began in August 1994. The group consisted of one parent, four teachers and one counselor. We met for five days, joining similar teams from the greater Long Island area under the leadership of two "World of Difference" lead trainers. Our curriculum for the week was an amalgam of personal growth experiences and exposure to speakers who represented a wide variety of expertise in areas of cultural diversity. Group experiences focused on participants' increased sensitivity to and awareness of issues relating to prejudice: racism, anti-semitism, sexism, ageism, ablism, heterosexism and classism. Structured exercises followed by debriefing and processing led to increased empathy for the apparent and sometimes hidden injuries which students and citizens experience. Professionally trained speakers addressed

the group in an educational way regarding diversity issues. Input was also received from teaching specialists regarding the infusion of "World of Difference" dynamics into curriculum. Finally, the extremely important issues of intention vs impact in communication styles were examined with a resultant increased awareness regarding the importance of how we address each other in the school community (Bullard 1992).

During the fall of 1994, a lead trainer from the "World of Difference" organization addressed the entire school district staff at our Superintendent's Conference Day. A recapitulation of the goals and purposes of their program was presented and followed by a question and answer period. During the remainder of the school year, our district team visited all Harborfields schools at faculty meetings to provide initial training seminars to staff. We presented shortened versions of our own previous training. At this level, however, the emphasis was on information dissemination and orientation with a view towards building trust and a sense of mission among our faculty. As a result of these exposures, additional faculty received "World of Difference" training during the summer of 1995.

Program Delivery

In the fall of 1995, our high school "World of Difference" team met in order to develop a strategy for working with students and faculty. The team was composed of one parent, two teachers, one teaching assistant, one counselor and one administrator. We adopted Doyle's five stage counseling model as our delivery system for program implementation. Our rationale was to build trust and establish relationships with staff and students (Stage 1) before approaching some of the challenging tasks of the program (Stage 4). In fact, we were convinced that our eventual consultation work needed to flow from understanding / defining the problem (Stage 2) and establishing joint goals (Stage 3).

Stage One: Building Trust / Establishing Relationships

Our initial student target group, the Council for Unity, was composed of African-American youngsters who met on a regular basis to share mutual concerns. Our goal was to elicit responses from these students and hear their feelings, observations and insights regarding their experiences as children of color in our school community. Their reactions ranged from annoyance at insensitivity to overt anger at instances of felt injustice. During this meeting, we listened and engaged in appropriate stage one roles of attending, clarifying and supporting. This was perhaps the first time issues of racism and prejudice had ever been addressed so openly among this group, which was our largest minority population. In a particular case dealing with a student's complaint, a team member responded using reflection, "So your feeling is that this was

a really unfair decision." The student's response was, "No, I didn't feel it ...I'm telling you, it wasn't right!" On a few occasions, one of the team members, feeling under pressure, assumed a more informal / describing role and tried to instruct or analyze some of the feelings coming from the students. This response only made for more frustration. We worked through these moments but realized later that this initial phase had to involve ventilation and cathartic release. These students had to be heard...their emotions unedited. By the end of this meeting, we had achieved a tenuous relationship. We promised that their feelings, complaints and demands would be brought to the faculty in order to make them more aware of and sensitive to the experiences of our children of color. We were off to a difficult yet productive start. The trust was limited; it was a beginning. Now, we had to work with staff.

Our initial meetings during 1994 - 95 had oriented our faculty to the overall "World of Difference" philosophy and reached out to them to participate in the program. In November 1995, within a few weeks of our meeting with students from the Council For Unity, we met with faculty. While common values and goals held us together as a group, we were also aware that the issues of multiculturalism and diversity are controversial and complex. Political correctness, reverse racism, and racial politics are all current topics which evoke strong emotional responses. Taking a calculated risk, we chose to show Lee Mun Wah's powerful film "The Color of Fear" which depicts a courageous gathering of racially diverse men who participate in a confrontational encounter group. They peel away each other's layers of defense and deal sensitively but passionately with the hurtful complexities of racism. This is a moving and relentlessly honest piece of media. It provoked a wide variety of responses among faculty. We gathered their written and verbal reactions in the days following the film. A few weeks later, we convened to combine processing these reactions with discussions of the findings which we had gained from our student meeting.

Stage Two: Defining The Problem and Stage Three: Goal Setting

These two stages are presented together since program goals were adopted almost exclusively in the context of examining and defining the problems which we were exploring.

Processing reactions in small faculty groups to "The Color of Fear" and weaving the students' feelings into the fabric of this dialogue led to some very pointed discussion. As Lee (1995) pointed out, it is absolutely necessary to examine personal attitudes and beliefs in order to gain multicultural literacy. Our staff engaged this process with cooperation and integrity but not without some pain and confusion. Responses ranged from admissions of possible ignorance or insensitivity (countertransference impeding empathy) to accusations that some students claim racism when it is a convenient way of of avoiding

responsibility. These perceptual clashes regarding racial identity and development as a source of conflict between students and teachers are described as regressive by Helms (1994) and are at the very heart of the problem. Continued examination of the issues by each of the groups led to a widely held conclusion that the problems of racism and prejudice were frustratingly complex due to subjective perception and vested interests. A general goal for the faculty emerged, namely that each problematic encounter with students of color, whether involving discipline or academic performance, would be handled with the utmost sensitivity. Raising of voices and escalation of feelings were to be avoided. If the problem could not be resolved in the moment, then a time-out period should be declared and a "World of Difference" team member would be consulted to mediate, if the individuals in conflict so desired. In the meantime, it was reiterated that all students, regardless of race or ethnicity, had to be encouraged to attain the highest standards of academic and behavioral excellence.

Within a few weeks of our small group meetings with faculty, the team consulted with a smaller but more ethnically diverse group of students than had been present at the first gathering. Our intention was to invite these youngsters to explore the problems of racism and prejudice in our building in more depth and specifically in the context of the faculty's reaction to their initial complaints. The "World of Difference" team was joined by a few additional teachers who had become interested in the program along the way. We also hoped to challenge the students to engage in self-scrutiny as well. Was the hall monitor, for example, simply enforcing the student behavior code as opposed to oppressing a specific group of students? If there were examples of perceived harsh or insensitive staff behavior, did students share any responsibility? Was there any provocation on their part? Throughout these very sensitive discussions, team members were very cautious not to "blame the victim" and we prefaced our questions with this particular disclaimer. Exchanges among group members were animated, honest, not always reaching closure and frequently reflective of the tremendous gaps between our ages and backgrounds. At the same time, progress was evident. There was greater trust and a more advanced degree of listening than in our first meeting. It was becoming easier to share ideas and feelings. A sharper focus on the problem was apparent and conversation began to take the form of practical suggestions regarding what we could do to improve the situation.

Certain student behavioral goals were suggested, such as maintaining respectful communication with faculty during all encounters but especially ones involving confrontation. The issue of redress within the system kept coming up and led to perhaps the most significant goal we established. By consensus, we agreed that a committee of trained staff and students would be established to operate in both a proactive and reactive mode. In the spirit of

the former, we would provide opportunities for educational and celebratory growth in our school community around issues of cultural sensitivity and diversity. The committee would also function, however, as a group who might mediate and reappraise student or faculty complaints in areas of conflict dealing with allegations of prejudice and racism. An additional goal was suggested by the students as we discussed the composition of the committee. They expressed their concern clearly and forcefully that the committee be more ethnically diverse. "This should not just be the Black kids' group," was how one African-American student expressed what quickly became the entire group's recommendation.

Stage Four: The Work

The first action step of our committee-in-process was to attend and participate in a bicounty conference called "Reducing Prejudice", sponsored by the American Jewish Congress Center for Prejudice Reduction and The Suffolk Association for Jewish Educational Service. This gathering of educators, mental health workers, students and parents was held in May at Touro Law School in Huntington, Long Island. With the professional and financial support of our central administration, Harborfields sent 14 participants: four faculty, four parents, and six students. Our youngsters were vocal and sometimes passionate contributors in the workshop discussions. They added a welcome reality check for presenters and participants alike. Within a week of the conference, we met to process our experience and to prepare for the 1996 - 97 school year. It was clear to all of us that something very positive was underway as result of our work.

Current Status

A deliberate decision was made in 1996 to tie our "World of Difference" Committee into the multicultural subcommittee of the High School's Shared Decision Making Team. This structural identity is a wedding of efforts which will lend decision-making weight to our recommendations for the improvement of sensitivity to multiculturalism and diversity in the school. Our agenda for this year continues to focus on quality of student life, academic achievement, improved student/faculty relations, parent involvement and the proactive/reactive roles of the committee.

Stage Five: Termination and Follow-Up

Termination, in any sense of the word, is not part of our current vocabulary in the task of reducing prejudice and racism. There is simply too much remaining work to be done. Follow-up or recycling of goals, however, will

continue to set the agenda for the committee's work. Will there ever be a time when racism and ethnic prejudice are less of a threat? Crouch (1996) addressed this question in a recent New York Times magazine article where he makes a futuristic prediction that our current preoccupation with race will not exist 100 years from today. Technology, media and the shrinking global village will heal our separatist wounds. In the meantime, schools will have to apply continued programmatic intervention to the challenge. Several current models for education and consultation exist (Pedersen, 1994; Atkinson, 1993). Specific blueprints for teacher's classroom behavior (Kuykendal, 1992) or parenting strategies (Hapson & Hapson, 1993) are readily available.

Summary and Conclusions

Implementing a cross-cultural consultation program for high school students and faculty presents a variety of challenges for all participants. Our experience at Harborfields suggests that an approach based on a counseling model such as Doyle's provides a useful structure. Participants in this type of program are challenged to examine their own cultural identities and values. Such personal growth experience is best facilitated by counseling communication skills applied appropriately to each stage of the program.

The problems of prejudice and hurtful behavior because of difference are as complex as they are injurious. Understanding causes and finding solutions take considerable time, patience and a well developed capacity to engage in empathetic understanding. Therefore leadership traits, credibility and the emotional intelligence to engage in self-scrutiny are important factors when building a team of students, parents and faculty. Support from The Board of Education and Central Administration, in the form of active interest, training and financial backing, is a key component. Without these visible and realistic signs of commitment, a successful program design and implementation are seriously impaired. Finally, tolerance for both ambiguity and being misunderstood without reacting defensively are especially important for the adult participants. We are all works in progress but it is essential to remember the distinction between the needs of developing adolescents and the responsibilities of professional helpers.

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Generally, authors may expect a decision regarding a manuscript within 2 months of acknowledgment of receipt. Following are guidelines for developing and submitting a manuscript.

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2. Manuscripts should be typewritten, double-spaced (including references and extensive quotations) on 8½" x 11" nontranslucent white bond with 1 1/2" margins on all sides.

3. The title page should include two elements: title, and author and affiliation. Identify the title page with a running head and the number 1 typed in the upper right-hand corner of the page.

4. Begin the abstract on a new page, and identify the abstract page with the running head and the number 2 typed in the upper right-hand corner of the page. The abstract should be approximately 125 words.

5. Begin the text on a new page and identify the first text page with a running head and the number 3 typed in the upper right-hand corner of the page. Type the title of the text centered at the top of the page, double-spaced, and then type the text. Each following page of text should carry the running head and page number.

6. Reference style should be that of the *Publication Manual of the American Psychological Association, Fourth Edition*.

7. Authors should avoid the use of the generic masculine pronouns and other sexist terminology. See "Gender Equity Guidelines" available from the American Counseling Association (ACA).

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"*If there is anything that we wish to change in the child, we should first examine it and see whether it is not something that could be better changed in ourselves.*"

—CARL JUNG

Message From the President

Michele C. Little

The Journal for the Professional Counselor (*JPC*) is an exciting and vibrant publication. Designed as a vehicle to keep our members on the cutting edge of professional development, the journal is a valued addition to the many services offered members of the New York Counseling Association. But a journal is only as good as the people who participate in its development. Although we have already established an excellent team of editors for the *JPC*, we also need you. Have you considered writing for the *JPC*? Have you some special experience or some significant research that all members of the profession can benefit from? Is there any area that you feel the *JPC* should address? Do you have an idea for an article or journal theme that you would like to suggest? All these are important contributions to a successful journal publication. I invite you today to think about the role you can play in strengthening your professional journal. We are happy to have you join us for another year of stimulating articles and hope that you find this journal meeting your particular needs.

"Always the beautiful answer who asks a more beautiful question."

—E.E. CUMMINGS

From The Editor
Counseling Issues for the New Millennium

Eugene Goldin

This issue of *The Journal for the Professional Counselor* (*JPC*) contains articles which are reflective of the concerns of present day counselors. Topics include: relevant information for the counselor working with children who have attention-deficit hyperactivity disorder; interventions designed to address the problem of school violence; the characteristics of women who abuse drugs; the counseling of gay and lesbian youth; challenging issues in counseling supervision; the employment outlook for counselor educators; and research concerning the relationship between sexual assault and eating disorders. The editor encourages readers to send manuscripts that they consider to be additive to the profession to the *JPC* for review. Some possible interest areas will be presented next.

Multicultural Issues in Counseling

As America fast approaches the millennium, the pace of its transition to a increasingly diverse society has accelerated. Consequently, counselors in every setting, have found it more necessary than ever to continue their own multicultural education and training well beyond graduate school (e.g., Baruth & Manning, 1991; Sue, Ivey, & Pedersen, 1996). It is important to explore the ways that multicultural counselor training have informed the practice of counseling.

Licensure Issues in Counseling

In addition, as of the printing of this issue of the *JPC*, counselors are licensed or certified in 44 states, and the District of Columbia (Thorson, 1997). Among the states that have more recently passed counselor regulations are our neighbors in New Jersey and Connecticut (two other neighbors, Massachusetts and Vermont also have licensure). The benefits of counselor licensure have been addressed in the literature (e.g., Bordan & Ritterman, 1996).

However, licensure has yet to be achieved in New York. Thus, if and when licensure occurs in New York State, its impact on counseling practice in every setting must be assessed.

The Impact of Health Maintenance Organizations on Counseling

Furthermore, the burgeoning Health Maintenance Organization (HMO) industry has already significantly impacted professional counseling by limiting client access to "preferred providers" and by reinforcing the practice of "briefer" therapy models (Araoz & Carrese, 1996). Given the present HMO emphasis on short term treatment, it is more necessary than ever to explore which counseling modalities have been found to be most effective.

Counselor Specialty Credentialing

Counselor specialty credentialing (e.g., CCMHC, NCCC, CRCC) has become increasingly important (Sweeney, 1995). The relationship between counseling credential and measures of counseling quality will need to be further investigated (Steenbarger, 1996). An important related issue is that of counselor training. Given the multitude of challenges facing the practicing counselor, it is important to consider which are the most effective models for training counselors.

Works in Progress

Regardless of whether counseling is provided in a school, clinic, or private setting, its primary focus will continue to be that of providing help to those in need. As our society continues to evolve, it is imperative that counselors keep current. Thus, the personhood of the client and counselor and the very practice of counseling seem to be continuously in transition, or "works in progress". Needless to say, membership in the American Counseling Association (ACA), the New York Counseling Association (NYCA), and their various divisions seem to be of vital importance for the continuing education of today's counselor. One of many important benefits of membership in NYCA is the opportunity to receive the award winning *Journal for the Professional Counselor*. It is this editor's goal to continue to provide the reader with the level of excellence that was established by my predecessors.

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On a personal note:

The Fall 1997 issue of the *JPC* marks a transition in Editorship from Terry Bordan to Eugene Goldin. While the new editor has found that assuming this responsibility to be challenging, Dr. Bordan's continuing guidance and support has been greatly appreciated. She has by her mentoring deeds, proven to be a consummate professional.

"Some of my best friends are children. In fact, all of my best friends are children."

—J. D. SALINGER

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Academic Underachievement in Attention-Deficit Hyperactivity Disorder: Characteristics and Interventions

Karen A. Sealander
Martin E. Eigenberger
Valerie L. Schwiebert
H. Elizabeth Wycoff
John J. Ross

Academic underachievement is a significant correlate of attention-deficit hyperactivity disorder (ADHD) (Barkley, 1990; Frick, Kamphaus, Lahey, Loeber, Christ, Hart, & Tannenbaum, 1991; Teeter, 1991). Changing definitions of ADHD and differing measures of academic achievement lead to difficulties in consolidating results of previous research. Co-existing conditions include learning disabilities and various externalized behavioral problems. Treatment and intervention includes use of psychostimulant drugs and various forms of behavioral therapy. These interventions have proven effective in improving both classroom management and academic performance (Carlson, Pelham, Millich, & Dixon, 1992; Douglas, 1986; DuPaul, Barkley, & McMurray, 1991), particularly when the interventions involve medical professionals, teachers, counselors, school psychologists, and parents working together in their implementation (Abramowitz & O'Leary, 1991; Levy, 1992).

Academic underachievement is one of the most commonly reported correlates of attention-deficit hyperactivity disorder (ADHD). Learning problems are estimated to occur in from 9% to 48% of children with ADHD (Frick, Kamphaus, Lahey, Loeber, Christ, Hart, & Tannenbaum, 1991; McKinney,

Montague, & Hocutt,1993). A longitudinal study by Mannuzza, Klien, and Bessler (1993), found that the childhood to adult transition of the attention deficit disordered (ADD) individual resulted in their being undereducated and underemployed. Mannuzza et al. noted that aproximately 25% of the ADD adult population in their study had dropped out of school as compared to 2% in the control group. Teeter (1991) also reported that up to approximately 80% of children with learning disabilities also have hyperactive-attentional problems, are below expected levels academically, and are at higher risk for school failure. Teeter observed that, for a significant number of these children, ADHD symptoms are not outgrown, rather that they persist into adulthood, along with related problems that emerge in adolescence. Researchers and other professionals agree that early intervention is necessary to minimize academic underachievement and other effects of ADHD on the life of affected children (Learner, Lowenthal, & Learner, 1995). This paper investigates previous studies of academic underachievement, including possible explanations for different findings, looks at the roles of various people in the child's environment in facilitating academic improvement, and reviews options for treatment and for future research.

Definition of ADHD

Hyperactivity in children has been recognized as a specific problem for years. However, there has been a lack of consistency in the criteria and terminology used to describe this condition and its associated features. Diagnostic features associated with inattention, academic underachievement, and attention deficit disorders have been redefined and renamed numerous times during this period. These constantly changing definitions and criteria have made the process of evaluating previous studies of academic underachievement associated with ADHD particularly difficult.

For example, one of the first studies reported in this area, conducted by Cantwell & Satterfield (1978), used relatively simple criteria , excessive general activity and inability to sustain attention and impulsivity, all present for at least one year, to define the Hyperactive Child Syndrome (HACS). In contrast, the American Psychiatric Association (1994) has defined ADHD in the *Diagnostic and Statistical Manual of Mental Disorders*, (4rd ed.) (DSM-IV) in much more detail. The diagnosis is subtyped as ADHD combined type, ADHD predominately inattentive type, and ADHD predominately hyperactive-impulsive type. Distinct criteria are provided for inattention, hyperactivity, and impulsivity, a certain number of which must be present for each subtype diagnosis. The behavior must have lasted for at least six months and have started before the child was seven years old. Existence of a pervasive developmental disorder must be ruled out.

Although the DSM IV specifies that diagnostic criteria must be present before age seven, difficulties associated with ADHD may persist well beyond the childhood years. While their classroom behavior typically becomes less disruptive as they get older, problems of children diagnosed with ADHD persist into adolescence. With respect to performance in the classroom, they remain impulsive, easily distracted and have problems with tasks requiring attention and concentration (Fischer, Barkley, Edelbrock, & Smallish, 1990; Hinshaw, 1992; Sattler, 1992; Learner, Lowenthal, & Learner, 1995). Currently, from a legal perspective, ADHD alone is not a handicapping condition that qualifies children for special education services. Those students receiving special education services do so on the basis of a coexisting condition, such as a learning disability (Teeter, 1991; Stanford & Hind, 1994), or services may be provided in the regular classroom under Section 504 which requires accommodations and services be provided for children diagnosed with ADHD (Learner, et.al., 1995). The latter is less favorable for the school system as schools do not receive funding for these services. Because coexisting conditions have implications for service provision and the formulation of effective interventions, they are discussed below.

Coexisting Conditions

Examples of co-existing conditions include a diagnosis of Conduct Disorder (CD), delinquent behaviors (Frick et al., 1991), general learning disabilities (Robins, 1992; McKinney, et al., 1993), reading deficits and externalized behavioral problems (Hinshaw, 1992). Of 115 boys with ADHD referred to a university outpatient clinic, 39% also had a specific reading disability. On a battery of cognitive and attentional measures, both ADHD groups (with and without a reading disability) performed at a lower level than a control group (August & Garfinkel, 1990). Other areas in which ADHD children are more likely to have difficulties are: specific speech development; problem solving strategies and organizational skills; problems associated with sleeping; and emotional disorders of various types. Conflicting research on the prevalence of general sensory and motor problems in children with ADHD exists (Barkley, 1990).

Since these other problems can also degrade academic performance, it is difficult to determine the effect of ADHD alone. It has been suggested, however, that attempts to isolate ADHD from other behavioral disorders may be misguided, that the challenge is to develop models sufficiently robust to handle the number and complexity of factors involved (Hinshaw, 1992).

Dimensions of Underachievement

In a frequently cited early study, Cantwell & Satterfield (1978) used the Wechsler Intelligence Scale for Children (WISC) and children's chronological age to predict average expected achievement scores as measured by the Wide Range Achievement Test (WRAT) (Jastak & Wilkinson, 1984). Actual WRAT scores obtained by hyperactive children and a control group of non-hyperactive children were then compared to expected scores for each child's grade level and full-scale IQ. Performance at one grade level below the expected value was defined as academic underachievement. More hyperactive children than controls were found among those at least one grade level below the predicted level for each of the three achievement areas — reading, math, and spelling. Only hyperactive children were found to be three grade levels below the expected level in any subject as measured by performance on the WRAT. The hyperactive children were also more likely to perform lower than the predicted level on two or three of the three measures. The authors felt this was the first study to use a regression technique to control for the effects of IQ and chronological age.

Numerous studies cited by Barkley (1990) indicate that academic performance and achievement are areas of significant difficulty for children with ADHD. Identification of these children often comes through their referral to clinics for problems that almost always include academic difficulties, believed to occur as a result of distractibility, impulsiveness, and restlessness.

August & Garfinkel (1990) noted that a short attention span and trouble concentrating in both ADHD and reading disabled (RD) students is a primary factor in academic underachievement for children with either or both disorders. In another study, Robins (1992) identified children with ADHD and ADHD/LD as significantly more impulsive and aggressive, and less productive in classroom functioning, measured by completion of assignments, ability to follow directions, and independent working skills. They were also lower than other students in the areas of self-regulation and planning, accuracy, and speed.

Lower performance on standardized achievement tests, relative to that of their classmates, suggests that ADHD children may have less academic ability. As a result, as many as 40 percent may eventually be placed in some form of special education program (Barkley, 1990). Some of the deficit in standardized achievement scores may be due to the testing process itself — standardized test taking is generally done as a group, is timed, and requires concentrated attention over a time period of at least two hours, all areas of difficulty for children with ADHD. Therefore, studies which use standardized achievement and other tests, may not accurately measure the potential of the child with ADHD. Additionally, the use of these tests in studies

designed to examine differences between children with ADHD and their peers may unfairly place students with ADHD at a disadvantage, adding a confounding variable to the study

Treatment and Intervention

Interventions designed to minimize academic underachievement in children with ADHD must be multifaceted. Recommendations from multiple informants including physicians, school counselors, psychologists, parents, teachers, and the children themselves are imperative to the ultimate success of these interventions (Abramowitz, & O'Leary, 1991; Barkley, 1990; Bowley, 1992; DuPaul & Stoner, 1994; Levy, 1992). Treatment interventions, formulated using the input gained from these diverse sources, might combine a variety of approaches including psychostimulant medication; counseling for parents and children by physicians, school counselors and psychologists; readjustment of curriculum demands; and behavior modification techniques, both at school and at home. A number of factors must be considered when developing an appropriate treatment plan. These include the severity of the child's ADHD, presence of additional behavior or learning disabilities, and the child's response to previous interventions (DuPaul & Stoner, 1994). Additionally, Barkley (1996) has proposed an etiological treatment model for ADHD which may be helpful and which readers may wish to review.

Constructive positive counseling has been suggested as a necessary first step in minimizing academic underachievement in children with ADHD (Levy, 1992). Parents and affected children must be given detailed information on the nature of ADHD, stressing that this is not just oppositional, defiant behavior. Knowledge of the condition and resulting effects on children can help both parents and children understand difficulties which they may be experiencing as a family. In particular, it is important for parents to understand that the child is not necessarily continuing to act in unacceptable ways or "misbehaving" by choice. That is, the "misbehaving" may be caused by inattention or impulsivity associated with the disorder and may not be within the child's control. Referral to a community mental health counselor or psychologist may be necessary to help parents understand the child's behaviors and to formulate appropriate behavior management techniques for use at home (DuPaul & Stoner, 1994).

Knowledge of the disorder and its effects on the child's behavior may have both positive and negative implications. Professionals must work with parents to help them deal with possible feelings of guilt for punishing behaviors in the past over which the child had no control. Additionally, it is important for both parents and affected children to understand that ADHD is not an excuse for unacceptable behavior and that coping strategies can be learned

and utilized successfully. This process is a necessary step in enhancing the self-esteem of both child and parents. Without this process, low self-esteem may be a factor that interferes with a constructive approach to the problem.

In addition to knowledge and counseling, the adjustment of curriculum demands within the school system to match the child's learning styles and preferences, and the prescription of medication to improve central nervous system functioning have been suggested (DuPaul & Stoner, 1994; Levy, 1992). DuPaul and Stoner state that successful instruction includes: opportunities for active responding under conditions of frequent, immediate performance feedback; and using an individualized approach to academic content that is presented at a pace that the student can control. Sattler (1992) emphasizes that remediation, appropriate educational intervention and counseling must be used along with medication, rather than depending on the effects of the medication alone. Professionals working with affected children and their families must help them to understand that while the medication can help control some behaviors and reduce symptoms, additional coping strategies are needed if an intervention is to be effective. If these strategies are to be effectively combined and implemented, parents, school personnel, and other professionals must work together. Therefore, the remainder of the discussion will be focused on working with parents, medication, and school personnel.

Parenting.

Support and training for parents of children with ADHD should provide knowledge about ADHD and how to interact in a warm and consistent style, despite the temperamental nature of the children (Teeter, 1991). Parents may be trained to help their children develop organization, planning, and study skills. This will facilitate the children's performance in the classroom, and also help provide a continuity of structure between home and school. Since parent training is not generally available within the school setting, it is imperative that professionals working with parents of children with ADHD are familiar with community resources which provide this type of training in order to make appropriate referrals.

In addition, once an intervention plan has been developed, it is critical that teachers and parents work together to consistently implement the agreed upon intervention in both the home and school settings. Open communication between the teacher and parents regarding the effectiveness of the intervention is also important. This will allow for changes in the intervention, as necessary, to maximize student potential and minimize academic underachievement.

Medication issues.

The most common treatment of ADHD is prescription of psychostimulant drugs, typically methylphenidate (Ritalin, or MPH) or dextroamphetamine (Dexadrine). An estimated 750,000 children annually are prescribed psychostimulants as a treatment for ADHD. The benefits of these medications are well documented (Rapport & Kelly, 1991). However, questions remain regarding dosage and the degree to which classroom behavior is directly effected (DuPaul & Stoner, 1994; Levy, 1992; Sattler, 1992). In addition, it is important to note that a diagnosis of ADHD does not necessarily indicate the need for a medication trail. According to DuPaul and Stoner, several factors should be considered which include severity of ADHD symptoms, previous use of other treatments, presence of anxiety disorder, parental attitude toward use of medication, adequacy of adult supervision, and child's attitude toward medication.

Early studies of the effect of psychostimulant medication on academic performance generally failed to produce positive results. A recent review of the effects of stimulant medication (DuPaul, Barkley, & McMurray, 1991) suggests that problems exist in the early studies related to the use of standardized achievement and intelligence tests to assess improvements in academic achievement. The tests do not reflect the classroom curriculum, and they may not sample a broad range of a given skill. The WRAT, for example, tests reading by having the child read words, and scores a response on the correct or incorrect pronunciation of the word; it does not include any measure of reading comprehension. Additionally, although affected students may actually be improving academically, the requirements of standardized tests for sustained attention over long periods of time may still be unmanageable for these children.

An earlier study by Douglas, Barr, O'Neill and Britton (1986) reported short-term Ritalin-induced changes on a variety of tasks including written assignments provided by the children's teachers. Improvements were noted in both accuracy and efficiency with arithmetic and word discovery tasks, although not in the spelling task.

Carlson, Pelham, Millich, and Dixon (1992) observed improvement in classroom behavior, academic achievement, and self perceptions of 24 ADHD boys in an intensive summer treatment program that used MPH medication and behavior modification (alone and in combination). Both medication and behavioral modification affected classroom behavior; only medication affected academic improvement and self-ratings. Further, there is an indication that lower dosages of the drug were needed to demonstrate improvement when the two types of treatment were combined.

It is not apparent whether these gains translate into a long-term effect, but the authors suggest that earlier negative results may be due to factors in the research designs or in assessment instruments used. While further research and improved methods of monitoring medication response (DuPaul & Stoner, 1994) are needed, the authors appear cautiously optimistic about the effects of stimulant drugs on academic performance of children with ADHD.

School personnel.

School personnel must be prepared to take an active role, enhancing, rather than depending on, the efforts of other professionals to affect the child's school performance Abramowitz, & O'Leary, 1991). A structured environment, clear expectations, and immediate feedback are more important for effective functioning of children with ADHD than they are for other children (Sattler, 1992). Scheduling of classroom activities, classroom rules, and the physical layout of the classroom are factors that affect the child with ADHD more than other children in the classroom. However, the overall goal of classroom interventions, according to DuPaul and Stoner (1994) is to prepare these children with ADHD to become self-directed learners whose classroom achievement is similiar to that of their typical peers. Three strategies are particularly useful in this area: contingency management, peer tutoring procedures, and self-management.

Contingency management consists of behavioral interventions that have proven effective in improving classroom performance. Teachers, however, may find it difficult to implement special procedures for the benefit of ADHD children within their classroom. Time constraints, demands of the curriculum and of other children, and concerns of other parents are all considerations. Assistance may sometimes be provided by the school psychologist, counseling staff, and special education teachers in developing interventions which benefit ADHD children and which the teacher feels he or she can realistically implement.

Levy (1992) suggests that one important treatment within the classroom is to remove stress caused by rote drills and emphasis on learning reading, spelling and arithmetic. Classroom-interventions suggested by Abramowitz and O'Leary (1991) include classroom token economies, home-school contingencies, peer-mediated interventions, time-out from positive reinforcement, and cognitive-behavioral interventions.

Cognitive-behavioral interventions for self management are directed at teaching children to be responsible for their own behavior, rather than having change imposed from an outside source such as the teacher, classroom structure, or parents. Therefore, it is essential that both teacher and parents are involved. Demonstrated results in the use of this type of intervention have

been more impressive in the laboratory than in the classroom, but more research is needed in how to effectively use this technique (Abramowitz, & O'Leary, 1991).

An example of the use of the cognitive-behavioral technique is training children to remind themselves to plan ahead, stop to think, and be careful. The authors encountered a preschool situation in which a four year old girl was constantly in trouble with the head teacher and assistant teachers because of impulsive behavior, including wandering around from one play area to another, not picking up in one area before going to another, and not concentrating on one task at a time. The teachers did not like the idea of posting reminder signs to "stop, look, and listen" in various areas of the classroom, because they did not want the other children, or their parents, to think that one of the children was receiving special attention. The solution was to place a single chart on the wall, with pictures of the various play areas, and require the girl to put a name tag next to the area where she was playing. This simple technique, while not solving all of the child's problems, has made her more aware of several aspects of her behavior, and has resulted in a rather dramatic improvement in the teachers' behavior toward this child.

Future Research

Research must continue on the effectiveness of drug treatments in different dosages on different types of learning (Levy, 1992). More information on possible side effects and on consequences of not treating the disorder medically is also necessary. Techniques for behavior modification in classroom intervention must be refined through further study, such as use of token economies and peer intervention (Abramowitz, & O'Leary, 1991), and more appropriate methods of tracking intervention success must be used (DuPaul & Stoner, 1994). The role of peers is especially important in light of the move toward "inclusion", where students with special needs participate in a regular classroom. Special needs of adolescents should be studied, as they move into middle and high schools, where demands are greater on their weak organizational skills (Nadeau, 1995). Finally, research is needed on the effectiveness of behavioral interventions at school and at home, and the interactions between classroom interventions and psychostimulant medication.

Implications for Counselors

School counselors, teachers, parents, and society want the best for children. Yet accomplishing this for all children, particularly ADHD children, is no

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easy task. The greatest tragedy occurs when a child who is having difficulty in school is not properly diagnosed and continues to work well below his or her potential (Schwiebert, Sealander, & Tollerud, 1995). School counselors can play a critical role by educating school staff in procedures for identifying and assisting children with ADHD. Elementary and middle school counselors can be directly involved in the identification process, implementation of interventions, and consultation with teachers. Secondary school counselors can continue to play a significant role with ADHD children by helping them prepare for the transition from school to work or school to post-secondary education. Community mental health counselors and school counselors can work with parents and children to develop effective intervention strategies and to coordinate interventions developed by a multidisciplinary team. In conclusion, if we are to effectively identify and develop strategies to assist children with ADHD, counselors must be knowledgeable of the signs and symptoms of ADHD, the effects of ADHD on the child, and his or her academic performance, and the development of effective strategies to assist the child with ADHD in performing up to his or her potential.

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Early Intervention and the Prevention of School Violence

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The importance of school counselors' utilization of early interventions in addressing student violence is discussed. Exemplary strategies and elements that make them successful are identified.

Violence among adolescents has grown to epidemic proportions in American communities, homes and schools. Recent FBI statistics show the number of murders, assaults, and weapon violations committed by youth aged 10 to 17 have more than doubled over the last 20 years (Statistical Abstract of the United States, 1994). A significant increase in homicide offenses has occurred in the last decade particularly among young men ages 14 to 24 (Newsweek, 1994). Additionally, there is an increase in young people who are victims of homicide. Prothrow-Stith (1991) cited statistics that showed the overall homicide rate for young males ages 15 to 24 in the United States was higher than that of young males in any other industrialized nation.

The acceleration of juvenile violence in communities corresponds to an increase in juvenile violence in schools. Lyon (1991) reported that increased incidents of violent conflicts between students and between staff and students are becoming a serious problem, especially in urban schools. The National Education Association says that every school day 160,000 students skip class due to fear of physical harm, 100,000 students tote guns to school, and 260 teachers are assaulted (Time, 1993).

The increase in youth violence and its impact on schools underlies the importance of violence prevention efforts. Traditional efforts to reduce violence have been in a remedial capacity and often come too late after violent or maladaptive behaviors have become habitual. However, children who have difficulty getting along with others tend to continue having problems through-

out life (Cutrona & Guerin, 1994) indicating a need for early intervention. Because of the prevalence of violence in our society, a broad prevention response is needed in schools. This article examines existing violence prevention programs and proposes programs school counselors can use to address the student population at primary and secondary levels of prevention. The need for school counselors to continue broadening their role to include serving as leaders in promoting early intervention with students is advocated.

Prevention

Prothrow-Stith (1991) has contended that large national problems such as youth violence require multiple solutions. The same can be said for school violence. Albee and Ryan-Finn's (1993) definition of prevention as "doing something now to prevent or forestall something unpleasant or undesirable from happening in the future" (p.115) is consistent with the ideas introduced in this article. The three levels of prevention include: primary, secondary and tertiary. Primary prevention strategies are designed to prevent problems in the general public (Prothrow-Stith, 1991). In a school setting this includes educating the whole school about violence, its impact, and peaceful ways of resolving conflict. Secondary prevention strategies are aimed at people who are at risk. At school, this includes students who may be prone to violent activity or lack interpersonal skills. Tertiary prevention involves interventions that are designed to prevent those who are already "ill" from getting sicker. At school, the target population of this group consists of individuals who have exhibited violent behavior resulting in consequences like suspensions, involvement with the courts, or placement in an alternative setting. For the purposes of this article, a discussion of the primary and secondary prevention levels will be targeted.

Conditions Necessary for Growth in Educational Programs

Sprinthall and Mosher (1971, 1978) examined the elements necessary in educational interventions to promote the psychological growth of students. Their work is aimed at instilling students with cognitive skills (e.g. critical thinking, problem solving skills, perspective taking ability) in order to be prepared in time of conflict or crisis as opposed to the principal emphasis being on remedial concerns.

When choosing and structuring interventions, it is critical to use those interventions which promote positive change. The question for the school counselor becomes what are the elements needed for an intervention to promote development. Dryfoos (1991) reviewed 100 programs that could

document behavioral changes for at risk youth. He found that programs whose main goal was to frighten youth frequently resulted in the youth engaging in further acting out behavior. For example, taking "predelinquents" to prisons to be lectured by hardened criminals had the long-run impact of increasing the delinquency rate. Dryfoos said programs that work appear to focus primarily on the *antecedents* of high-risk behavior rather than the presenting behavior itself (p. 633). Dryfoos further noted that common components of these programs included early intervention, healthy school climate, peer involvement, and social and life skills training.

Sprinthall and Mosher (1971, 1978) examined the conditions necessary in educational programs to promote the psychological maturity of individuals and found the following conditions were needed in interventions to promote developmental growth: (a) a significant role-taking experience; (b) guided reflection; (c) a balance of experience and reflection; (d) support and challenge; and (e) continuity. Kohlberg (1969) developed the notion of role-taking by stating that our decisions become morally more mature as we learn to take the role or perspective of others in a situation. Kohlberg's work indicated that special kinds of social experiences could be structured that were particularly conducive to the development of moral thinking. Mosher and Sprinthall (1971) incorporated the principle of role-taking into educational programs where students were placed in more complex roles such as tutors and peer counselors. These experiences helped them understand the perspective of others.

It is critical that students are placed in an environment that has the right balance of support and challenge. If students are overwhelmed by their experience they tend to shut down; however, if they are not challenged adequately they tend not to grow. Ultimately, the role-taking experience presents a strong challenge in and of itself. A facilitator is needed to provide structure for this experience for the student and allow time for reflecting on the experience which enables the student to feel supported. For some students, providing support means providing more direction and structure. For others, support may mean less direction and structure as well as the opportunity to discuss concerns.

Ongoing self-reflection throughout the role-taking experience enables students to examine their own feelings and processes and the perspectives of others. This is a big step for many students and they will need structure and guidance in reflecting since this is often an unusual experience for them. The school counselor can aid students by conducting group processing in which they see their peers struggle through reflection and through journal writing. The reflection needs to occur immediately following the role-taking experiences to enable the participant to process his or her feelings and reactions.

Finally, the role-taking and reflection experience needs to occur continuously over time. Short term approaches are not sufficient to promote a transformational developmental change. An intervention that lasts for several weeks or months is needed for students to change.

The remainder of this article examines existing violence prevention programs and the elements needed to make each program effective. We will be mindful of the "conditions for growth" outlined by Sprinthall and Mosher (1971, 1978) as we offer a review of each program. Put together, these programs comprise early interventions that can be used by school counselors or trained teachers to address youth violence in our schools.

Primary and Secondary Prevention

Because of the deadly consequences of violence, it is clearly more proactive for the school counselor to invest in primary and secondary prevention to prevent problems from ever occurring. The interventions reviewed in this section can be used with the entire school population (primary prevention) as well as with those students who have exhibited some at risk tendencies (secondary prevention). The school counselor would be wise to combine mainstream and at risk students together in interventions so that the students can learn from each other and at risk students will not feel singled out.

Conflict Resolution

An intervention that can be used with all students is conflict resolution. Over the last two decades conflict resolution work has stretched from the business world to law, social action, international relations, and education (Roderick, 1988). School conflict resolution curriculum and peer mediation programs have occurred over the last decade in response to the escalation of youth violence (Lane & McWhirter, 1992). Johnson and Johnson (1995) said all students should receive instruction in conflict resolution principles and practices, learning increasingly more sophisticated material as they advance in school. Carruthers, Carruthers, Day-Vines, Bostick, and Watson (1996) reviewed commercial conflict resolution curricula and stated that it is evident that conflict resolution can be taught to all grade levels. They cited the common themes that exist across most conflict resolution curricula as: (a) an understanding of conflict as a normal part of life that may result in positive or negative outcomes, depending on the choices students make; (b) the resolution of conflict by teaching problem solving, negotiation and mediation; and (c) intrapersonal and interpersonal lessons and skills such as anger control and perspective-taking. Carruthers et. al. (1996) also stated the importance of "sustaining, reinforcing, and complementing" (p. 360) the initial conflict

resolution lessons by integrating the conflict resolution principles and practices learned through core curricula classes. For example, students can discuss a conflict and different aspects in an English short story or social studies current event. This integration promotes the repetition students need to learn and incorporate the concepts into their actions.

Research on conflict resolution as a curriculum is still primarily anecdotal or embodied in peer mediation programs which will be considered in the next section. Further examination of the effects of conflict resolution curriculum on students needs to occur.

What makes conflict resolution work?

Providing students with an opportunity for guided reflection was stressed by Curtrona and Guerin (1994) who suggested that teachers facilitate discussion and interactions around conflict situations while assisting students in processing their feelings and responses to conflict. Continuity is recognized by many as a key in conflict resolution programs. Often the programs involve a curriculum with school staff trained to incorporate the practice and principles of conflict resolution in their classrooms so that the intervention is not limited to one class or setting (Stomfay-Stitz, 1994). Stuart (1991) advocated for infusing a conflict resolution philosophy into the entire school because as the National Peace Foundation (1991 in Stomfay-Stitz) noted, children need to see adults around them using conflict management skills as well. These sources stress the importance of continuous repetition through modeling, discussion, and practicing conflict resolution concepts and skills. If conflict resolution concepts are taught by staff, modeled by staff, taught as units in classrooms, and then embedded in the curriculum, students are more likely to acquire conflict resolution skills.

Shulman (1996) advocated for older students such as middle or high school students teaching younger elementary students conflict resolution skills. Here, the older student would serve as a conflict resolution trainer. This role-taking experience for the older students could occur in a classroom setting or after school in a small group structure. The older students could also teach conflict resolution skills to at risk students who have been in trouble in a Saturday school format. The student as trainer would take on a great amount of responsibility in acting as a teacher. They would have to know the material and be able to model it as well as potentially work as a co-leader. Shulman advocated for this type of intervention occurring over time. She recommended that a facilitator (i.e., a counselor) be accessible to conduct additional training and processing of the experience with the student trainer.

Peer Mediation

Peer mediation, a method of conflict resolution, utilizes a third-person mediator to help settle a dispute (Johnson, Johnson, Dudley, & Burnett, 1992). The mediator promotes communication between two individuals in a dispute so they can find a solution (Roderick, 1988). Mediation is a process of communication and problem solving that leads to resolutions acceptable to all parties involved. In school mediation programs, students learn resolution and problem solving skills that can lead to positive outcomes. The students learn to address differing opinions, to listen to and understand another person's point of view, and to maintain respect for the dignity of each person with whom they have a conflict. Essentially, these programs teach responsible behavior (Benson & Benson, 1993). School peer mediators either nominate themselves or are nominated by teachers, counselors, administrators, or other students (Lane & McWhirter, 1992). School mediation programs are used in conjunction with traditional means of discipline to resolve conflicts that are normally left unresolved by traditional disciplinary measures (Maxwell, 1989). The trained mediator directs a step by step process of communication and problem solving that leads to resolution. See Appendix A for an adapted version of Schrump, Crawford, and Chu Usadel's (1991) problem solving steps of mediation.

Lupton-Smith, Carruthers, Flythe, Goettee, and Modest (1996) outlined three models for implementing peer mediation in schools: (a) the total school model where all students learn mediation skills and have the opportunity to function as mediators; (b) the elective course model where mediation can be taught in a course like social studies or through an elective peer discovery (e.g. peer counseling, peer tutoring) course; and (c) the student club model where mediators are brought together outside the regular school curriculum. For the purposes of a primary prevention approach, Johnson and Johnson's (1994, 1995) total school model could be used where all students are taught the principles and practices of conflict resolution and have the opportunity to function as mediators.

Based on anecdotal data, many hundreds of schools have reported that student mediators help solve large numbers of disputes; mediation agreements remain intact and suspensions drop dramatically as a result of the programs (Roderick, 1988). Some schools have experienced suspension reductions by as much as 50% (Stichter, 1986; Koch, 1988). A study by Benson and Benson (1993) also indicated that peer mediation programs reduced the time administrators and teachers worked with conflicts, reduced the level of violence and crime in schools, and enhanced the self esteem, grades, and attendance of the students who were trained as mediators. At the same time, students learned the skills of problem solving through communication and critical thinking.

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Other studies have shown that peer mediation results in students being capable of handling conflicts constructively at school and at home. Johnson, Johnson, Dudley, & Acikgoz (1994) reported that before peer mediation training, over 60% of students' conflicts were handled indirectly by referring to the teacher, using destructive strategies, or postponing the conflict. Results of the study showed students who handled conflicts through peer mediation transferred learning to real conflict situations, practicing their skills when conflict arose. The students used their new conflict resolution skills when conflict arose in every day situations. Teacher-handled conflicts after training dropped 80% and no conflicts were referred to the principal. School to home transfer took place because some of the parents requested training for themselves and their children. Additionally, Johnson, Johnson, Dudley, Ward, and Magnuson (1995) conducted a study in which they worked with students from the second through the fifth grades from a mid-western suburban high school. The students obtained conflict resolution training through role playing, reviewing exercises, group discussions, and direct teaching. They also received nine hours of training before the peer mediation program was implemented. The mediators rotated through the class so each student could serve as mediator with equal frequency. On the day the students served as mediator, they wore T-shirts while they patrolled the playground and lunchroom and mediated. Significant positive differences between strategies used before and after training in negotiation and mediation were found. Results also generalized to conflicts at home.

What makes peer mediation work?

The previous studies not only provide support for peer mediation but emphasize the significance of role taking opportunities. Further evidence for the importance of role taking has been reported by others. McCormick (1988) reported that "at risk" students who directly participated in a mediation program developed more prosocial attitudes towards conflict. Furthermore, those with only indirect exposure to the collaborative process maintained antisocial attitudes towards conflict. Additionally, the Social Science Education Consortium (1987) published data collected during a two site pilot mediation project. Both schools received the same training curriculum, but one school also implemented a peer mediation program. The qualitative and quantitative data provided evidence that the school which had developed an actual mediation project achieved both a decrease in violence and antisocial behavior and the teaching of new communication and conflict resolution skills to students. The site or school with no mediation program showed no impact. Thus, simply teaching students communication skills and problem solving techniques is not enough. Students need to practice decision making in order to solve problems productively. Finally, an effective way of helping

each student take on the role of mediator is the method of rotating pairs of student mediators daily (Johnson & Johnson, 1994).

Moral Dilemma Discussion Groups

A moral discussion group is another school violence prevention intervention designed to improve the behavior of students by improving their ability to understand how other people view an issue. This type of intervention can be used in both a primary and secondary prevention capacity. Kohlberg (1958) introduced the idea of placing hypothetical moral dilemmas into the traditional curriculum or through a series of classroom discussions as a unit. The discussion facilitator uses probing questions to engage students' interest and create the dissonance that challenges students to engage in critical thinking. Since a typical class or group may contain students who reason at different levels of moral development, the facilitator must attempt to keep the discussion at the stage that most of the students are accustomed to or at one stage higher. Doing so gives students an opportunity to examine more adequate reasoning than they ordinarily employ (Gomberg, Cameron, Fenton, Purtek, & Hill, 1980).

A typical dilemma might be "Should you walk away from another student who is trying to start a fight with you?" The counselor uses skillful questioning to stimulate discussion. For example, if one group member advocates for walking away from the student, the group might be asked what they would do if the student was smaller than they were or had embarrassed them in front of their peers. Probing questions can help to ascertain what students really think. Students who say they would fight with the peer might be asked how they would feel if they learned a younger sibling or cousin had been assaulted by an older peer.

Moral dilemma discussion groups have been found to decrease behavior problems among students. Arbuthnot and Gordon (1986) used moral discussion groups with behavior-disordered adolescents at rural schools. They discovered that the maturity of sociomoral reasoning could be improved as the result of weekly guided moral discussion groups over a 4-5 month period. Significant long term cognitive and behavior changes were observed at one year follow-up. Sociomoral reasoning appeared to improve after the intervention ended. Further, most of the significant behavior improvements continued to be observed (i.e., tardiness, behavior referrals and grades).

What makes moral discussion groups work?

One key to the success of moral dilemma discussion groups appears to be the duration of the intervention (Arbuthnot & Gordon, 1986). Many schools

have instituted one or two semester activities that incorporate dilemmas into courses that are part of the traditional curriculum (Loevinger, 1987).

Another element needed for moral discussion groups to be effective is the use of dilemmas for discussions that challenge youth to take the roles of others. Harding & Snyder (1991) discussed ways to use literature and movies to create moral dilemmas and noted that generalizing these dilemmas to real-life dilemmas may not occur automatically. They found that while raising such topics as cheating and stealing may stimulate some students to engage in moral reasoning, others may remain uninvolved because they do not identify the event as important or controversial in their own lives. Maag (1989) said when behavior change is not observed with moral discussion group interventions, it may be attributed to the reliance on hypothetical rather than real-life dilemmas. Therefore, the counselor should focus on classroom situations and personally relevant dilemmas presented by students to stimulate real growth (Locke, 1983; Maag, 1989).

The role of the school counselor in primary and secondary prevention

The school counselor can be instrumental in asserting the need for primary and secondary prevention programs in the school environment to prevent violence. Therefore, it is crucial that counselors recognize the importance of early prevention efforts and take the leadership role in program selection and implementation. Counselors can play a major part in staff development by educating teachers about how to use conflict resolution, peer mediation, and moral discussion group strategies with students. The school counselor can also assist with integrating conflict resolution into the curriculum and coordinating school-wide peer mediation programs. Additionally, the practitioner can lead small groups of at-risk students by incorporating moral discussions into them.

Summary

This article highlights the need for school counselors to take an early intervention approach when addressing the colossal issue of youth violence. The three violence prevention strategies offered have a strong theory base, and have been proven through either anecdotal data or more formal research efforts to promote student growth. It is the hope of these authors that practitioners will recognize the paramount importance of implementing strategies such as these to empower youth to overcome the current epidemic of youth violence.

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Appendix A

Peer Mediation Stage Overview

Stage 1: Opening
1. Make introductions.
2. State the ground rules.
   *Confidentiality
   *No name calling or put downs
   *One person talks at a time
   *Mediators remain neutral
3. Obtain an agreement to follow the ground rules.

Stage 2: Gathering Information
1. Ask each person one at a time for his or her side of the story.
2. Mediator listens and restates thoughts and feelings.
3. Repeat and ask for any additional information.
4. Listen and restate

Stage 3: Common Interests
1. Determine and state the common interests of both disputants.

Stage 4: Brainstorming or Creating Options
1. Explain about the brainstorming process to find solutions acceptable for both parties.
2. State the rules for brainstorming.
   *Don't judge ideas.
   *Come up with as many ideas as possible.
3. Help the process along by asking open ended questions if there is a struggle or write ideas on Brainstorming Worksheet.

Stage 5: Evaluating Options
1. Have students assess the reality of each solution working and narrow down to the most workable solution.

Stage 6: Closing
1. Restate the chosen solution.
2. Both students and mediator sign the agreement form.
3. Remind the students of confidentiality and discuss what can be said if other students want to know what happened.
4. Discuss what they will do if this happens again.
5. Congratulate them, thank them, and shake hands.

Adapted from Schrumpf, Crawford, and Chu Usadel (1991) *Peer Mediation: Conflict Resolution in Schools*

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"*Only the fish do not know that it is water in which they swim.*"

—Chinese Proverb

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Women Who Abuse Drugs: An Overview

Bernadette Halbrook

The author reviews the literature on women and drug abuse, and summarizes data pertinent to females and chemical usage. The article focuses on several groups of women who frequently present for medical and psychological problems, and discusses how addiction problems are commonly overlooked or mistreated. Suggestions for counselors who work with these populations and recommendations for further research are included.

Despite the increased attention given to the problem of chemical dependency in recent years (Herring, 1994; Thombs, 1994; Wade, 1994), data on women who abuse alcohol and other drugs remain surprisingly scarce (McDonough & Russell, 1994). Not only are females underrepresented in the allocation of research dollars given to studying addictive disorders (Roth, 1991); frequently demographic information on substance abusers does not always separate males and females. Even when information on gender *is* available, it often gives little insight into patterns of addiction across racial, generational, or socioeconomic lines.

This article will briefly summarize recent data pertinent to females and drug abuse. It will then focus on several groups of women who are likely to present for medical or psychological problems, and will provide an overview of current research findings for each group. The article will conclude with suggestions for counselors who work with these women and with recommendations for further research.

Scope of the Problem

Just as there exists no one profile which adequately describes male abusers of chemicals, women who abuse are also a heterogenous lot (Gomberg, 1986; Martin & Casswell, 1988). Consequently, it is no more accurate to assume that

what works for one woman will be effective for all other females than it is to presuppose that male and female substance abusers can all be treated via identical modalities. Nevertheless, an understanding of ways in which female substance abusers generally differ from their male counterparts is important in delineating treatment implications. Before proceeding to examine patterns of usage among specific groups of women, this article will quickly summarize some of the recent literature which contrasts male and female addicts.

Citing research by Blume (1986; 1987), McDonough & Russell (1994) state that women typically begin drinking at a later age; however, once they initiate usage, women develop drinking related problems more quickly than males. Females are also more likely to have a secondary addiction to prescription medication than their male counterparts. While they report fewer episodes of binge drinking, women are much more likely to drink alone. "If there is any one trait that characterizes the female alcoholic, it is the solitary, hidden nature of her drinking" (McDonough & Russell, 1994, p. 462).

These authors also report studies which suggest that women are more apt to connect the onset of their usage with specific events - divorce, birth of a child, job loss, child leaving home, widowhood, etc. (Kruzicki, 1987; Lester, 1982). A seemingly important, but often overlooked, factor in a woman's drug usage is also discussed: Wilsnack, Wilsnack and Klassen's (1986) contention that a female's usage patterns are strongly correlated to those of her significant others. These connections include the drug and alcohol behaviors of her parents, her partner(s), and her circle of friends. This was illustrated in a statement by talk show host Oprah Winfrey in the Fall of 1994 when she announced on her national television show that as a woman in her twenties, she had smoked cocaine. Ms. Winfrey stated that she did not believe she was addicted to the drug; rather, she was addicted to the man. When the relationship ended, so did her flirtation with cocaine.

Although certainly not comprehensive in its scope, the above discussion does serve to orient the reader to some of the most commonly addressed issues in the literature regarding women who abuse chemicals. The article will now turn to considering the ways in which several different groups of women require different treatment strategies.

Adolescent Women

The 1992 National Household Survey on Drug Abuse (NHSDA) indicated that females aged 18-25 were significantly more likely to use illegal drugs. This group also reported the highest incidence of heavy drinking. These figures underrepresent actual usage because young females most at risk for chemical usage are rarely even sampled - runaways, school dropouts, incarcerated adolescents. As Gopelrud (1991) noted, high risk teens are more apt

to be alienated from school, church, and social institutions, thereby rendering them less accessible to conventional interventions. Outreach to high-risk teenaged females must extend to locations such as fast food restaurants, shopping malls, videos, MTV, health clinics and other social service agencies (NHSDA, 1992).

The high rates of usage by this age group also point strongly to the need for education and intervention models designed specifically for high school and college aged women; ideally some outreach attempts should be made at both elementary and junior high levels as well. This is especially critical since age of first use and onset of drug related problems among girls are both decreasing (NHSDA, 1992). Additionally, use of certain drugs, such as stimulants and tranquilizers, is higher among females than males (Gopelrud, 1991).

Arkin and Funkhouser (1990) report the following as obstacles inherent in drug education with teens: bravado and risk-taking behavior; pervasive conflictual messages in the society about drug use; sense of pessimism and gloom regarding one's future. Interventions aimed at young women must address each of these factors directly. Difficulties with normal developmental transitions during this time, such as sexual identity, relationship with parental figures, and self-esteem also figure prominently into a young woman's abuse potential.

Older Women

According to the United States House of Representatives Select Committee on Aging (1992), approximately 2.5 million Americans over aged 65 experience problems related to alcohol. Despite the fact that they account for only 12% of the United States population, those over 65 receive approximately 25% of all prescription drugs. (Abrams & Alexsopoulues, 1987). Although public awareness of drug use among older individuals has grown in recent years (Bernstein, Folkman, & Lazarus, 1989), females over 65 have been largely excluded from research studies.

Less is known about older females who abuse chemicals. They are also the group least likely to be recognized as addicted (Center for Substance Abuse Treatment [CSAT],1994). Family, friends, and even medical personnel may be reluctant to label the older woman as having a "problem" with alcohol. Most other drug abuse in this population involves prescribed medication.

Shame surrounding one's drug use is a pervasive emotion among all addicts (Carnes, 1983; Peele, 1975), but may be particularly prevalent in older females, given their likely early socialization about "lady-like" behavior (Kasl, 1992). Because older women's patterns of usage as well as their reasons for using may differ significantly from their younger counterparts, the issue

of appropriate treatment modalities for older clients warrants special consideration. Substance abuse education aimed particularly at mature women deserves much greater emphasis than it is currently afforded.

Pregnant Women and New Mothers

Blume (1986) cites Fetal Alcohol Syndrome (FAS) as one of the most frequent causes of birth defects and mental retardation. Consequently, the Center for Substance Abuse Treatment (1993) recommended that pre-conception education and counseling regarding the health consequences of drug use be included as an integral component of all substance abuse treatment efforts which involve women. Prenatal clinics and other facilities which service expectant mothers and women of child-bearing age have also been encouraged to disseminate information regarding the dangers of drinking and drug use even early in pregnancy; however, given the stigmatization experienced by this population, these women are apt to both deny their usage as well as acknowledge their need for assistance (Center for Substance Abuse Treatment [CSAT], 1994).

Recent attempts to mandate punishment (including incarceration) for pregnant addicts may serve to increase wariness on the part of women to seek assistance. Additionally, since many hospitals report suspected drug-abusing women when they arrive for checkups and delivery, some may elect not to receive any prenatal care. (CSAT, 1994). The fear that the new baby, or other children, may be taken from the mother exacerbates this avoidance of treatment. Because the prospect of being reunited with one's children is frequently a powerful incentive to become drug free (Pape, 1988), programs which model this philosophy of combining drug education with training in effective parenting need to be emphasized.

Sexual Abuse and Addiction

The literature suggests a high correlation between sexual trauma and females who receive treatment for addictive disorders (Briere & Runtz, 1987). Women with histories which include sexual trauma may begin using chemicals to numb the pain of the assault (Kasl, 1992). Consequently, when they become sober these women may fully experience the pain of the victimization for the first time (Wadsworth, Spampneto, & Halbrook, 1995). Such clients may be at higher risk for relapse, the return to substance abuse, than their non-abused counterparts (Brown, 1991). Given the probability that females seeking treatment for chemical dependency have been sexually victimized, mental health professionals should be trained to investigate this possibility.

Because males seek treatment for addiction at a rate of 5 to 1 when

compared to females (Turnbull, 1989), most substance abuse treatment programs have been designed to meet the needs of male clientele. Meth and Pasick (1990) posited that men are socialized to behave in ways which suggest control, independence, and competition. Substance abuse treatment, particularly those programs modeled after Alcoholics Anonymous philosophy, challenge these male belief systems. This confrontation serves to shatter the denial which so often accompanies addiction, and reinforces the importance of support in recovery (Yablonsky, 1989).

The notion of powerlessness inherent in many treatment programs may, however, be potentially counterproductive for victims of sexual trauma. Practitioners who work with women in addiction treatment (Kasl, 1992; Underhill, 1986) warn that sexually abused clients require approaches which stress support and empowerment.

Lesbians and Chemical Dependency

Historically, American psychiatry posited that homosexuality was one cause of alcoholism (Israelstam & Lambert, 1986). Consequently, if the "aberrant" sexual orientation could be "cured" via psychoanalysis, the alcoholism could likewise be eradicated. Fortunately, since the removal of homosexuality as a mental disorder in the DSM III, such thinking has slowly eroded (Israelstam & Lambert, 1986).

Social psychologists have long noted that cultures experiencing social change exhibit higher rates of alcoholism (Vaillant, 1990). As Cabaj (1992) observed, until very recently the societal consequences of homophobia forced most gay men and women to remain "in the closet". The psychological ramifications of having to develop a false self (Miller, 1981) in order to survive within a society lead to isolation, dissociation, and splitting behaviors.

Thus, in addition to the risk factors common to other females, lesbians must cope with societal stigmatization and discrimination, as well as any unresolved emotional issues surrounding their own sexuality which may exist. These additional burdens may explain the higher rate for drug abuse among lesbians than for the general female population (Finnegan & McNally, 1987).

Life stressors such as those mentioned above invariably exact a toll on the woman's relationships - perhaps not only with her partner, but with certain family members, coworkers, etc. As Underhill (1986) points out, feeling isolated, different, misunderstood and hated can easily lead to addictive behaviors. CSAT (1994)) reports a dearth of treatment services designed to meet the needs of lesbians and suggests this as a factor in the higher rate of alcoholism for this group of women.

Woman As Codependent/ Woman As Dysfunctional

Codependency as a theoretical construct was born out of a marriage between family systems and addiction principles (Lewis, 1991). For the first time, practitioners discerned that certain family systems enabled substance abuse via protecting the addict from the repercussions of his/her behavior. The codependent was viewed as the pivotal person in this operation because she or he permitted (or even fostered) chemical abuse to continue.

For the first time, "codependency is seen as an illness in its own right" (Sullivan, 1990, p.5). Given the status of a disease (Beattie, 1987), codependency consisted of traits traditionally attributed to females in most cultures. Among these feminine/codependent traits are the following: thinking and feeling responsible for others; anticipating others needs; feeling anxious or guilty when others are upset; abandonning their routine to do something for someone else; trying to please others instead of themselves (Beattie, 1987, p. 35).

With the advent of the codependency movement, women who were following the implicit mandates of their culture were suddenly tagged with the disease of codependency. "A woman who fails to conform to cultural norms has always risked being labeled as dysfunctional. Now a woman who succeeds in meeting society's expectations may be labeled either masochistic or codependent." (Lewis, 1991, p.23)

In her groundbreaking work on female moral development, Gilligan (1982) draws attention to the female orientation towards relationships and interdependence. Out of the female sense of self as a relational being, a unique view of morality develops. Jack (1991) comments that "what Freud and Kohlberg describe as women's less developed moral sense, Gilligan reinterprets as a morality attuned to the specific contexts of people's lives that follows that ethic of care with the imperative not to hurt others" (p. 90).

Consequently, the traditional psychodynamic view of women as purveyors of less developed ego boundaries is transformed into a perspective on females as creatures who value empathy and cooperation. Sociolinguist Tannen (1990) demonstrates that this drive towards interdependence and emotional closeness is evidenced in different linguistic patterns between males and females.

Defining codependence as a deficit behavior (i.e., a failure to achieve independence) pathologizes what has long been touted as a feminine strength - the ability to form and maintain relationships (Miller, 1986). Indeed, feminist psychologists such as Lerner (1988) believe that psychological explanations for women's behavior (such as the codependent label) ignore political and social realities which have shaped women's lives. Rather than indict a culture

which encourages - and sometimes even demands - dependent behavior on the part of females, the problem is seen to reside within the woman herself.

Conclusion

To reiterate a point made at the outset of this article, women in general, and women who abuse alcohol and drugs in particular, are an extremely heterogeneous group. It is therefore imprudent to assume that any one treatment protocol can satisfactorily meet the needs of a group as divergent as these women. However, it is even more ill-advised to expect that treatment models which have proven effective with men will necessarily benefit women who present with similar addictive disorders. Twelve Step Programs, which justifiably deserve credit for having saved the lives of thousands of men and women, were designed with middle-class, white, heterosexual males in mind. Extending this same model to accomodate the reality of females who may be poor, lesbian, or African American, for instance, may mean the difference between life and death for many women.

Toward the goal of recognizing addictive disorders in our female clients and successfully encouraging them to enter and complete effective treatment programs, several recommendations are offered. First, it behooves all practitioners to carefully examine one's own beliefs, both conscious and unconscious, about women who abuse chemicals. Given the pervasive double standard in our culture about men versus women who drink and use drugs, it is quite possible that even the best counselors may harbor prejudical attitudes towards females with addictions. Typical reactions may include the following: she is "cheap, immoral, a bad wife and/or mother, irresponsible, a slut" (Efinger, 1983, p. 12). Clients are better served by a counselor who makes a referral rather than continuing to work with a client with whom one has negative countertransference; this is critically important for addicted clients, many of whom already possess a strong sense of shame.

Secondly, when working with chemically dependent females, it is essential that the counselor possess some understanding of normal developmental issues for women in the client's particular generational, social, or ethnic group (Harrison & Belille, 1987). Older women struggling with concerns about loss of youth and mortality and adolescent females confronting issues surrounding individual identity are unlikely to both be helped by identical treatment regimens. Similarly, lesbian and heterosexual women may face somewhat different problems with regards to intimate relationships. Since difficulties with intimates figure prominently into addictive disorders (Kirkpatrick, 1978) for females, some diversification in treatment programs may maximize the potential for success in each grouping.

Lastly, research is needed which focuses on women and addiction in general, and on particular groups within the female gender (McDonough & Russell, 1994). Individualized treatment services greatly increase the likelihood of successful outcomes. As counselors committed to a full and sober life for all women, we must continue to possess "the courage to change the things we can".

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> *"What is the first business of one who studies philosophy? To part with self-conceit. For it is impossible for anyone to begin to learn what he (sic) thinks that he (sic) already knows."*
>
> —EPICTETUS

Invisible Youth: Counseling Gay and Lesbian Adolescents

Susan R. Seem

Gay and lesbian adolescents are an invisible minority and are likely to seek counseling at higher rates than the general adolescent population. However, due to inadequate training and socialization in a homophobic society, counselors are often unprepared to work with lesbian and gay youth. Consequently, counselors may be of little help or even detrimental to the gay and lesbian adolescent. This article suggests a framework in which to work with gay and lesbian youth. The responsibilities of counselors are discussed within the context of gay and lesbian identity development and psychosocial issues particular to this adolescent population.

Gay and lesbian people have been referred to as the invisible minority (Fassinger, 1991) and perhaps, gay and lesbian adolescents are the least visible of this minority (O'Connor, 1992). Further, gay and lesbian youth are likely to seek counseling at higher rates than the general adolescent population (Rudolph, 1988). Given these factors, it is important that counselors are trained to work with this minority group. However, counselors receive little or no exposure to or training in counseling gay and lesbian clients and are often unprepared to offer counseling services to this population (Buhrke & Douce, 1991; DeCrescenzo, 1985; Fassinger, 1991; Morin & Charles, 1983; Rudolph, 1988). This article suggests a framework that allows work with gay and lesbian youth. Counselor responsibilities are discussed within the context of gay and lesbian identity development and psychosocial issues particular to these youth.

Begin with Yourself and the Climate in Which You Work

Many lesbian and gay people, who feel the need for counseling, are unwilling to seek services because they fear disclosure, humiliation and discrimination. Gay men and lesbian women have reported high levels of

dissatisfaction due to some counselors' prejudicial and stereotypical attitudes related to sexual minorities and some counselors' heterosexist assumptions and lack of understanding of homosexuality (Fassinger, 1991; Rudolph, 1988).

Within this context, counselors who work with lesbian and gay clients must begin by examining their values, beliefs, stereotypes and myths about homosexuality. Counselors need to confront their own internalized homophobia so that they do not project negative beliefs and stereotypes onto their clients (Robinson, 1994; Slater, 1988). This approach involves the valuing and facilitating of gay and lesbian identity development, appreciating the psychological effects of heterosexist and homophobic socialization and oppression on development, and acquiring awareness and sensitivity to the personal and social complexities of the gay and lesbian experience (Morin & Charles, 1983). Additionally, Fassinger (1991) recommends that counselors feel comfortable with and appreciate their own sexuality, whether heterosexual or homosexual, before they can work successfully with gay and lesbian clients.

Given that much of psychological literature and counseling interventions begin with heterosexual assumptions (Morin & Charles, 1983), counselors need to be aware of language use and of the assumptions made about psychological maladjustment. The inappropriate use of words, such as boyfriend or girlfriend rather than friend or partner, sends a strong message to lesbian and gay clients. Morin and Charles refer to the "sin of omission," which perpetuates the feeling of invisibility. One example of this type of omission is not considering and mentioning homosexuality in a discussion of sexuality. The ability to make differential diagnoses of sexual identity crises and psychopathology is paramount (Gonsiorek, 1982). An assumption, for example, that the symptom of paranoia is due to psychopathology may be ignoring the reality-based fear of being gay or lesbian in a society in which severe interpersonal rejection, harassment, discrimination and violence often occur when a person's gay or lesbian identity is known.

School environments are often hostile and violent to lesbian and gay adolescents (Uribe & Harbeck, 1991). Thus, counselors need to examine the climate in which they work. Schaecher (1989) raises the following questions for staff in schools; however, these questions are applicable to any counselor who works with gay and lesbian youth.

1. Does your school *make it easy* for gay and lesbian students to approach people on the staff to talk to about their feelings?

2. How would they know that you are a person they could talk to?

3. How could you give a signal that "I am here to support you and to help you get through this difficult time in your life?"

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4. If you are a *counselor*, do you give any indication that you are open to this subject - books on a shelf? a poster?

5. Are you inclusive in your questioning of a young person who comes to you for help, or do you assume heterosexuality? (p. 35)

Coleman and Remafedi (1989) believe that a positive attitude helps a client recover from the damage of negative stigmatization. A way to address the climate is to make clear that harassment and discrimination based on sexual orientation is unacceptable, just like discrimination or harassment based on ethnicity. This may involve working to include sexual orientation in an institution's or agency's antidiscrimination policy or holding an institution or agency to its' policy if sexual orientation is included. Teaching and educating colleagues and students about the totality of human sexuality, homophobia and heterosexism is another way to address the climate.

However, working with gay and lesbian adolescents may present a risk to counselors. Slater (1988) acknowledges that due to threat of legal action from parents, loss of employment or community censure, many professionals dread addressing homosexuality with dependent youth. She suggests that counselors need to ascertain whether their fear is reality-based or due to homophobia, and decide what they are willing to do within the limits imposed by employers and/or the community.

Increase Your Knowledge Base

Buhrke and Douce (1991), DeCrescenzo (1985) and Slater (1988) recommend the following knowledge base for counselors who wish to work with gay and lesbian adolescent clients: (a) terms and lifestyle choices related to gay and lesbian youth, (b) gay and lesbian identity development and, (c) the interaction of heterosexism and homophobia with psychosocial issues. First, counselors should become familiar with the terminology related to this population. Good reference sources are DeCrescenzo (1994) and Fassinger (1991) (see reference list). Next, counselors need to be aware of community (local and national) resources for a wide range of lesbian and gay concerns (Buhrke & Dulce, 1991; Fassinger, 1991; Robinson, 1994). Resources should include those that address social, community, health and legal concerns. Social organizations for gay and lesbian youth and local support groups for these adolescents and their families should be identified. Lesbian and gay/feminist newspapers, bookstores, restaurants and hotlines are additional resources counselors should have. Religious groups that are gay-affirmative are excellent sources of support for gay and lesbian clients who are struggling with spirituality concerns. Resources should also include health agencies and AIDS programs that work with lesbian and gay clients and/or are gay affirmative. Information on local, state and national laws that are relevant to

gay and lesbian people should be kept up-to-date and legal referral sources sensitive to gay and lesbian issues identified.

Research indicates that a commitment to a positive gay or lesbian identity relates to healthy adjustment (Coleman, 1982; Miranda & Storms, 1989). Achieving a positive identity is generally thought to be a life-long, often challenging process influenced by the interaction of such factors as gender, ethnicity, age, socioeconomic status, religion, geographic location and family (Fassinger, 1991). This acquisition includes the developmental task of "coming out" of the closet and identifying as a gay or lesbian at a number of different levels: to the self, to other gay and lesbian people, to nongay friends, to family, to co-workers, and to the public at large (Troiden, 1989). In this process, the client must face both homophobia (internal and external) and heterosexism, and decide whether or not to disclose, how and when to "come out," and how to face the consequences of disclosure over and over in each new situation in which her or his sexual orientation was not previously known. For gay and lesbian youth, this process occurs within the context of inadequate support systems, few appropriate role models, no way to test or talk about the feeling of differentness, little or no accurate information about homosexuality and a lack of continuity with their parents (Gonsiorek, 1988, Mallon, 1994). Therefore, these youth are strangers both outside and inside their homes. For gay and lesbian people within some ethnic groups, additional isolation and the possible loss of connection with the primary racial/ethnic group and community (e.g., religious organizations, family, etc.) may occur (Chan, 1992; Loiacano, 1989).

Models of gay and lesbian identity development (e.g., Cass, 1979; Chapman & Brannock, 1987; Coleman, 1982; Gramick, 1984; Minton & McDonald, 1984; Troiden, 1989) address a progression in which the individual moves from confusion or uncertainty, through exploration and finally, to resolution and affirmation of one's gay or lesbian identity. Cass's (1979) model is presented as an often cited example and includes six distinct stages. *Identity Confusion* is the first stage where the individual experiences awareness of homosexual feelings, thoughts and behaviors and questions, "who am I?" The next stage, *Identity Comparison*, involves the acceptance of the possibility that one might be gay or lesbian and the concomitant feelings of alienation and isolation from nongay others such as peers and family. *Identity Tolerance*, the third stage, brings an increased commitment to a gay or lesbian identity and social alienation is lessened through contact with gay and lesbian others; however, the individual tolerates rather than accepts his or her sexual orientation. The fourth stage, *Identity Acceptance*, is characterized by increasing contact with gay and lesbian people, validation of gay or lesbian identity and lifestyle, and selective disclosure of identity. In the fifth stage, *Identity Pride*, individuals are characterized by anger, pride and activism with a strong commitment to gay

or lesbian culture which results in a subsequent devaluation of nongay people, institutions and values. Finally, *Identity Synthesis* is characterized by an incorporation of one's sexual orientation as an aspect of one's identity and a synthesis of personal and public identity; the individual no longer holds a separatist (us and them) view.

Fassinger (1991) criticized Cass's and other developmental models for being androcentric in that they ignored differences between females and males on issues of autonomy, intimacy and sexual expression. Gonsiorek (1988) also noted that differences in lesbian and gay identity development due to gender-role socialization are pronounced during adolescence and the coming out period. Gender-role socialization differentially influences the pace of identity development for lesbian females and gay males (Levine & Evans, 1991; Schneider, 1991; Slater, 1988). Females are allowed a wider range of emotional and behavioral interactions with other females. As a result, many lesbian teenagers experience their emerging sexual and emotional intimacy as friendship. Consequently, they are more apt to develop and express intimacy and to be less skilled in maintaining autonomy. In contrast, males are restricted to a narrower range of expression and their longing for emotional and sexual intimacy with another male is seen in solely homosexual terms. Gay teenagers are more apt to engage in sexual acting out during the coming out process, sexualize their intimate relationships, and be competitive and autonomous rather than intimate.

Lesbian and gay adolescents' primary developmental task is the acquisition of a sense of identity (or "who am I?") which involves the adjustment to a stigmatized role. Counselors must examine their attitudes and the climate in which they work, and gain a knowledge base in order to work effectively with lesbian and gay youth.

Counseling Suggestions

If counselors assume that they can make a tremendous difference in the lives of their gay and lesbian clients, their positive beliefs will be conveyed to their clients. First and foremost, counselors can create an atmosphere in which sexuality can be discussed. Coleman and Remafedi (1989) believe that counselors should assume that the issue of homosexual feelings and/or behaviors is on the mind of most adolescents, and that it is the counselor's responsibility to bring up the issue. If same sex feelings are of concern, the counselor can help the client clarify and understand them. A discussion of same-sex feelings does not create homosexuality. Sexual orientation appears to be established relatively early in childhood and there is little evidence that it is changeable (Remafedi, 1987; Slater, 1988). A counselor who encourages denial of homosexual thoughts, feelings or behaviors destructively reinforces the client's

own internalized homophobia. However, assessment of sexual orientation during adolescence may be difficult. Either minimizing or dismissing the relevancy of homosexual thoughts, feelings and/or behaviors or pushing for a premature sexual orientation identification can be damaging (Coleman & Remafedi, 1989; Gonsiorek, 1988). The provision of information regarding sexuality, debunking myths and stereotypes regarding heterosexuality and gay and lesbian people is extremely helpful. Morin and Charles (1983) recommend that counselors should encourage clients to question basic assumptions about being gay or lesbian and to develop personally relevant value systems. Thus, the ability to convey a positive attitude about homosexuality and an openness to discussions of sexuality is necessary to working with gay and lesbian youth.

Counselors need to understand the specific cultural context of the client regarding attitudes toward sexuality and include an exploration of the family context, cultural and/or religious affiliation and the current peer group (Eldridge & Barnett, 1991). Bibliotherapy is helpful (Mallon, 1994). Counselors can refer clients to literature that gives a voice to their experience. Additionally, the literature will provide information on homosexuality, heterosexism and homophobia and the effects of stigmatization which can help clients reduce their sense of isolation and gain information. Because a healthy socialization process involves learning from positive role-models, clients need exposure to historic and current lesbian and gay role-models. Referring an adolescent client who is isolated, alone and confused, to a support group reduces the sense of alienation and "provides the opportunity for the development of social skills, discussing of sexuality and sexual identity, finding support and understanding from peers, sharing of information and socializing" (Gonsiorek, 1988, p. 120).

Homophobia and heterosexism should be considered the primary factor faced by every young gay or lesbian client (Schneider, 1991; Slater, 1988). Stigmatization, oppression, homophobia and heterosexism and discrimination will need to be addressed in counseling. Counselors need to be prepared to address the common psychological problems that arise from these "isms." These problems include the following: (a) psychological maladjustment, (b) impaired psychological development, (c) family alienation, (d) unhealthy or inadequate interpersonal relationships, (e) suicidal ideation and, (f) concerns about HIV infection and other sexually transmitted diseases (Coleman & Remafedi, 1989). Further, counselors need to consider the possibility of issues surrounding sexual orientation when they see an adolescent client who is experiencing academic deterioration, who is running away from home or truant from school, or who is suicidal and depressed. Counselors' tentative phrasing of questions will allow the adolescent to guide the direction of counseling. Issues of sexual orientation and identity management should

always be a part of the counseling process. Counselors need to help their clients develop coping skills to deal with stigmatization, homophobia and heterosexism (Gonsiorek, 1988; Mallon, 1994). Helping clients define safe and unsafe areas in their lives and consideration of the implications of those areas is essential to the coming out process. A cost/benefit analysis about coming out, including the whys, ifs, and whens of the process, is a powerful tool.

Families of gay or lesbian children also need support (Coleman & Remafedi, 1989). Families experience their own coming out process and need help in integrating the adolescent's and the family's new identity. Provision of information regarding the psychological, sociological and anthropological research that dispels the myths about homosexuality helps with this integration. Counselors can make referrals to help the family gain support of others who have gone or are going through this process.

Often, gay and lesbian adolescents are verbally and/or physically abused by their families when their sexual orientation is revealed or discovered. Hetrick and Martin (1988) report that sometimes these youth suffer from sexual abuse and rape within the family or in institutional settings (e.g., shelters, group homes). When violence occurs within the family, running away or expulsion from the home is often an immediate consequence. Herek (1989) reports that gay and lesbian people are probably the most frequent targets of hate crimes. Acts of violence include harassment, threats, physical assault, vandalism, arson, kidnapping and murder.

Although not specifically an emotional one, the issue of sexually transmitted diseases, including HIV infection and AIDS, is pertinent to gay and lesbian youth (Coleman & Remafedi, 1989; Remafedi, 1987; Robinson, 1994). Even though sexually transmitted diseases are issues relating to physical health, they can spill over and create emotional stress. High risk gay and lesbian adolescents who run away from home and engage in prostitution as a means of survival, are even more vulnerable to these health issues and the emotional stress related to the fear of, and the contraction of, sexually transmitted disease.

Gay and lesbian youth are at a high risk for many psychosocial problems, but most do not seek counseling regarding sexual orientation directly. Sexual orientation typically surfaces as a result of other concerns such as abuse, sexually transmitted diseases, prostitution, academic underachievement, family conflict and suicide attempts (Remafedi, 1987). Counselors need to understand the connection between sexual orientation and the high risk for suicide and other psychosocial issues particular to gay and lesbian youth. Given these risk factors, it is imperative that counselors are prepared to work with these adolescents.

In conclusion, adolescence is a crucial time period for lesbian and gay youth. It is often during this period that these adolescents grapple with their sexual orientation and the hostile reality of their environment. Gonsiorek (1988) notes that given the opportunity to develop within a supportive and informed environment, the majority of gay and lesbian teens present no more serious mental health problems than their nongay peers. This statement has profound implications for counselors. The challenge of working with this population requires that counselors be willing to examine their own values and attitudes, and to confront their own homophobia and heterosexism. Further, counselors must acquire the knowledge base and gay-affirmative attitude that will allow them to be successful with gay and lesbian adolescent clients.

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"*We live our lives forward but understand them backwards.*"

—KIERKEGAARD

Common Counselor Struggles with Supervision

Carl F. Rak

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The authors discuss some of the common dilemmas counselors face with mental health supervision, and provide case examples that focus on five complex dimensions of the supervisory process: 1) coping with shame and anxiety in supervision; 2) working with parallel process; 3) tolerating powerful affect; 4) enhancing introspective curiosity; and 5) providing a balance of support and confrontation. Recommendations are provided to enhance counselors' work with their supervisors.

The counseling profession currently emphasizes supervision and professional standards of supervision (Bernard and Goodyear, 1992; Fong & Sherrard, 1991). It is clear that the role and process of supervision is becoming more integrated into the counseling profession. As a result, attention to the complex dynamics of supervision is imperative for counselors in a variety of settings. This article discusses dilemmas that counselors face in supervision and provides strategies to enhance the supervisory relationship.

A lag between current models of supervision and actual clinical practice of supervision appears to exist (Pitts, 1992). Dye & Borders (1990) noted the general confusion and misunderstanding of the potential impact of supervision upon counselors and their work. To begin to understand these dilemmas, Borders and Usher (1992) conducted a study with 357 National Certified Counselors. They found their subjects reported a paucity of supervision by licensed supervisors who are employed in schools; infrequent (monthly) supervision in community settings; and a limited focus on both the development of relationship skills with clients and a trusting relationship with supervisors.

Swift and Wonderlich (1993) examined the therapist-client relationship as depicted in the film "House of Games" and concluded that there exists a strong possibility that complacency in supervision, a tendency by the supervisor to avoid discussing complex issues, can result in enormous upheaval in counselors with resultant deleterious impact upon clients. Additionally, counselors can face a paradoxical question in their training: should they be more content proficient in the work or should they be more process focused (Ronnestad & Skovholt, 1993). Counselor education programs vary in perspective regarding the therapeutic stance of the counselor-trainee. Some remain focused on the historical dimensions of empathy, genuine positive regard, and unconditional acceptance of the client (Carkhuff, 1973; Rogers, 1951), while others expand the dimensions to include more complex interactions of the counseling relationships (Egan, 1990; Ivey, 1991).

Several writers have underscored the importance of the supervisory relationship for the personal and professional development of the supervisee (e.g., Marshall & Confer, 1980; Moskowitz & Rupert, 1983; Patterson, 1983). This development includes supervision after internship, trust building, and more advanced supervision as the counselor matures. The supervisory relationship is considered as a vehicle for learning (Loganbill, Hardy, & Delworth, 1982). In this article, we expand on these ideas by discussing some of the common dilemmas counselors face with mental health supervision, and provide case examples that focus on the complex dimensions of the supervisory process. These examples are based upon a synthesis of real supervisory situations stemming from our clinical work, both as supervisor and supervisee and do not represent complete case study examples. Reflecting on the experiences of our own supervisory processes, we identified five salient areas that emerge from the literature, our work as counselor educators, and as supervisors. These include: 1) coping with shame and anxiety in supervision; 2) working with parallel process; 3) tolerating powerful affect; 4) enhancing introspective curiosity; and 5) providing a balance of support and confrontation. Support for these areas is rooted in the literature as either specific aspects of the supervisory process or recurrent dilemmas in supervision and are discussed from a psychoanalytic perspective (Adler & Myerson, 1991; Alonso & Rutan, 1988; Ekstein & Wallerstein, 1972; Freidlander, Siegel, & Brenock, 1989; Giovacchini, 1989; Moskowitz & Rupert, 1983; Rak & Britton, 1991; Robertiello & Schoenewolf, 1987; Searles, 1955; Sigman, 1985; Winnicott, 1949; and Yerushalmi, 1994). Before providing scenarios of each, we first describe a case that demonstrates some of the overall difficulty of the supervisory process for counselors.

Carol is a 30-year-old counselor employed by a family service agency of religious affiliation with a caseload of about 25 multi-problem clients. She is eclectic in orientation. Carol has a pleasant attitude, and works skillfully with

most types of clients. Proficient in diagnosis, she is especially familiar with the MMPI2. Carol is a member of ACA, subscribes to and reads a number of counseling journals, and is very knowledgeable about current issues and trends in the field of counseling. She is competent and self-assured, although experiences what she describes as "a few personal problems", and has never been in therapy herself.

Carol has weekly supervision with the clinical director of the agency. She reviews her caseload, mainly evaluating her direct client service hours over the past week. She is reinforced for her high production by her supervisor and receives yearly recognition for meeting her quota. Although praised for her productivity, no mention is made of the tricky, paradoxical intervention she did with the borderline client, or of her concern as to whether to report a possibly abusive situation to the authorities. Carol is hoping to be promoted to a supervisory position, and in no way wants to foster a view of herself as struggling. To date, she has not discussed with her supervisor negative feelings towards her clients, moments of rage and sheer boredom, or her emerging ambivalent feelings towards her supervisor.

It is very easy for emerging counselors and supervisors, pressured by diverse responsibilities, to overlook and avoid the more complex dimensions of the supervisory process. Carol not only avoids discussing her most difficult cases in supervision, but also isolates her negative affect from the experience. This scenario reflects an all too frequent dilemma for counselors who expect to work with a range of extremely difficult clients. There exists a continuing need for more reflection about the process of supervision in the counseling literature. The following five themes and corresponding case examples illuminate counselor-supervisor struggles and begins the discussion.

Five Common Supervision Dilemmas

1) Coping with Shame and Anxiety in Supervision

The psychoanalytic literature defines shame as a defect in the self that prevents the person from living up to the ego-ideal (Piers & Singer, 1953). Shame often leads to abandonment and hiding, along with a spectrum of discomforts (Alonso & Rutan, 1988). If one's ego-ideal involves the introject of omnipotence, one is particularly vulnerable to experience shame (Swift & Wonderlich, 1993). Some distorted counselor self-messages might include the following: "Will he/she think I did poorly on the tape?"; "I need to make her think I know everything about this topic"; "I am an expert after all."; "No one can know how scared I am." Counselors work with clients who are by definition in a position to project many of their unmet needs onto them

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(Alonso & Rutan, 1988). The powerful unconscious dynamics of projective identification, especially negative projections, can generate a range of reactions in counselors including anxiety, shame, and reluctance to bring self to supervision:

> Some therapists do not think they have the right to feel such emotions (particularly sexual or aggressive emotions); others are afraid of being swept away by them...therapists are likely to defend themselves by hiding behind their "therapeutic neutrality", offering inappropriate interventions in order to immediately push away the feelings, or expressing the feelings without regard for the patient's welfare." (Robertiello & Schoenewolf, 1987, 5).

Shame is related to object loss which can be manifested as supervisee's fear of abandonment triggered by the relationship with the supervisor perceived as omnipotent (Giovacchini, 1989). One self-message reflecting this is, "I can't tell him how scared I feel, as he might leave me." Moreover, the supervisee might defend against the fear of abandonment by criticizing the supervisor. "He knows nothing about therapy; I don't know why I even bother going in to supervision." This conflict can lead to resistance in supervision, avoidance of discussing dilemmas and conflicts of the counseling, and thus less effective treatment for the client (Rak & Britton, 1991). By addressing a counselor's feelings of shame and inadequacy directly in supervision, the supervisor creates the potential for a change of perspective in the counselor and an increased capacity for more effective and immediate counseling with the client (Giovacchini, 1989; Piers & Singer, 1953; and Robertiello & Schoenewolf, 1987).

The following brief supervision case example demonstrates how a counselor can use supervision to examine complex and powerful feelings and avoid shame. A counselor, Peter, age 33, is divorced with two children. He has just had knee surgery from an injury resulting from running; probably will not be able to run again. He has struggled with depression most of his life, and has been in and out of personal therapy. He has always been drawn to the helping profession, probably stemming from his role as family hero in an alcoholic family of origin. He struggles with intimacy issues in his own life, and might be termed a distancer in his personal relationships.

Peter has weekly supervision, however, he has access to his supervisor during the week. In supervision, he promotes his success with his clients and usually discusses one perplexing client seeking diagnostic clarity or assistance with an intervention strategy. Peter experiences anxiety whenever his supervisor probes about his range of feelings with his clients. She points out his anxiety and over time Peter begins to discuss his anxiety and fear about not being viewed as the perfect therapist and the resultant feelings of shame that

he experiences when he feels he fails his clients or when he has powerful negative affects with them. Through the acknowledgement of feelings of anxiety and shame with his supervisor, Peter is able to develop a more realistic emotional stance with his clients.

What is different in the supervision provided for Peter as compared to Carol? Peter was given a lot of room for his vulnerability and expression of it. The lesson for supervisors, knowledgeable of the developmental models of counselor development (Loganbill, Hardy, Delworth, 1982; Stoltenberg, 1981), is to normalize the counselor's feelings of anxiety and confusion. Through validating that such feelings are "normal" and developmentally congruent, the counselor is able to express these feelings and to transform their ambiguity into insights that can enhance the therapeutic process with the client. The counselor is thus released from the energy it takes to defend against these feelings, and becomes more authentic both in supervision and with clients.

It is our premise that supervisors need to emphasize that therapists are human, not only with issues around their clients, but also with a range of dynamics and affects that brought them to the profession. Effective supervision encourages embracing a counselor's vulnerability, in order to bring a more honest self to supervision. Through this type of supervision, Peter's work with his client is enriched.

2) Understanding of the Parallel Process

The parallel process can best be described as a replication of the tone and mood of the counselor's experience of the client and the therapeutic process within the supervisory hour (Bernard & Goodyear, 1992; Ekstein & Wallerstein, 1972; Friedlander, Siegel, & Brenock, 1989). In other words, it is a concurrent process, where a similar dynamic occurring in the counselor-client relationship is repeated in the supervisor-supervisee relationship (Bernard & Goodyear, 1992; Getz & Protinsky, 1994). Counselors continue to struggle to operationalize this construct even though it has been discussed in the literature for well over two decades. It can be a verbal, as well para-linguistic; an overt, as well as a covert process. It demands mindful awareness by the supervisor to uncover the subtleties of supervisee's responses as the counseling relationship with the client is discussed. Because it is often unconscious, the counselor may not be aware of the dynamic, and the supervisor's careful attention to the counselor's reporting of the case can draw attention to it (Searles, 1955; Sigman, 1985). In the translation, the supervisor acts as a model to the counselor who can then interpret themes or meanings to his or her client (Betcher & Zinberg, 1988). This provides an opportunity for the counselor to experience the unique process of the therapeutic relationship with his/her client from a clearer, more objective perspective (Gediman & Wolkenfeld,

1980). With this enhanced insight, the counselor can develop therapeutic strategies to address the barriers encountered in working with the client (Getz & Protinsky, 1994).

An example of parallel process can be seen in the case of Beth, a client. The counselor, Jim, is frequently reluctant to bring up this case with his supervisor. The supervisor questions Jim about Beth and as Jim scantly reports the content of the past few sessions, the supervisor notices that Jim is yawning and his affect has slowed. The supervisor talks to Jim about his apparent fatigue, and Jim acknowledges that he becomes very tired within the sessions with Beth as well. The supervisor explores this with Jim to discover that he has been embarrassed to talk about how bored he is with this client. Rather than view this as a moment for supervisory criticism, the supervisor highlights how Jim's temperament in discussing Beth may be useful material in understanding her defenses or style in relationships. Beth's difficulty with interpersonal relationships can be witnessed by her distancing behavior. Jim's boredom is a cue to Beth's feelings of emotional abandonment in the session. Understanding this can facilitate Jim bringing it back in the session for Beth to explore.

The use and understanding of parallel process by the supervisor can enrich the supervisory work, and provide keen insights into therapeutic effectiveness (Getz & Protinsky, 1994). What could have been a shaming experience, where Jim felt criticized in supervision, instead became an opportunity for counselor growth and insight. Effective supervision respects the entangled and treacherous moments of counseling and offers counselors awareness to confront them.

3) Tolerance of Powerful Affect in the Client and the Therapist

By permitting expression and exploration of counselor's feelings in the supervisory hour, not only can the counselor examine self and his/her own reactions, but also determine if the origin of this affect stems from the counseling relationship. Robertiello and Schoenewolf (1987) concluded that therapists who can tolerate the feelings triggered by the client and clearly identify, analyze and control them will have, as D. W. Winnicott (1949) pointed out, a "hands on" experience of their love and hate reactions to the actual personality and behavior of the client from direct study in supervision. This careful differentiation often leads to discoveries that the root of the negative affect emerges not specifically from the counselor, but the relationship dynamic in counseling.

An example of the importance of tolerance of affect in supervision can be exemplified in the case of Stacy. In the supervisory hour, the counselor Stacy expresses her anger and rage at her client, Lisa, who no-showed again. The

supervisor, in exploring the affect, suggested that Stacy might be involved in a complex transference-countertransference dynamic. Rather than allow Stacy to repress her emotions, the supervisor's exploration of them allowed her the opportunity to process the feelings in such a way that she arrived at the following insight. When Lisa comes to sessions, she repeatedly criticizes Stacy, making comments about her lack of skill as a therapist. This naturally puts Stacy on the defensive, and she reacts by preparing ardently for the next session. When Lisa no-shows, it triggers a complex series of negative affects in Stacy, including anger.

Through this exploration with her supervisor, Stacy was provided with the opportunity to examine her own countertransference issues about persons who criticize and then abandon her. Stacy was able to identify how her own issues had surfaced. Additionally, Stacy discovered that Lisa's pattern demonstrated deeper issues around intimacy and fears of expressing dependency needs with Stacy. Stacy was then able to focus on this pattern in the session with Lisa, enhancing their therapeutic work together. The supervisor, by exploring beyond Stacy's initial anger and irritation, and tolerating her affect, guided Stacy to important therapeutic insights that eventually could assist the work with Lisa.

4) Enhancement of Introspective Curiosity

Supervision is often linked to an exploration of diagnoses, interventions, and therapeutic goals (Bernard & Goodyear, 1992). Less often it is an instructive force to enhance the curiosity of the counselor in dealing with a unique individual. Through fostering curiosity with less need for certainty, the supervisor can model the skills of being inquisitive, tolerating ambiguities, and exploring in depth with clients (Rak & Britton, 1991). Experiencing therapeutic ambivalence, a counselor can discover new paradigms, insights and associations. The supervisory relationship can provide the necessary support and establishment of boundaries to allow the counselor's curiosity to emerge in what often is an unsettling place to go alone. Hammer (1990, p. 97) indicated that the therapist's "...experience of a flash of insight is much like the experience of any creative moment." Introspective curiosity permits the counselor to explore with a sense of "unfocused" concentration. This is especially helpful when a counselor is dealing with issues that are usually threatening, for example, sexual arousal of clients or client themes that parallel the counselor's own (Robertiello & Schoenewolf, 1978; Giovacchini, 1989). Thus, we find that a consistent use of introspective curiosity enhances the supervisory process and provides supervisors with opportunities to ask questions that emerge from their own curiosity about the supervisee's work.

An example involves a counselor, Bill, who has been "therapeutically

stuck" with a female client, Jen, who is at the height of her career and appears to be highly confident yet repeatedly brings a vulnerable and fragile self-concept to therapy. This vulnerability causes her to sabotage opportunities for even greater success in her career. To date, all efforts by Bill to understand this dynamic have been blocked.

In supervision, the supervisor is curious about Jen's ambivalence around her fear of success. Instead of brainstorming interventions to be used with Jen, the supervisor encouraged Bill to stay with the ambivalence and further explore it. This probing allowed Bill to recognize his own "stuckness" in a similar place. Identifying where their issues joined, Bill was able to discriminate his own issues from Jen's, which helped him approach her dilemma in a more expansive and empathic manner. As the client's issue paralleled his own, he had avoided it. However, the supervisor's gentle curiosity allowed Bill to tolerate and separate his own issues from those of his client. Introspective curiosity by the supervisor enriched Bill's options in further exploring critical issues with Jen, and drew attention to further personal work he may choose to examine in his own life.

5) Provision of Support and Confrontation

Supervision should not be strictly a valuative process tied to the counselor's work performance. It can become an effective medium for constructive confrontation about clinical work. There needs to be a delicate balance between support and confrontation in the supervisory relationship. Adler and Myerson (1991) emphasized this judicious balance between the use of supportive techniques and confrontational techniques in psychotherapy and also linked confrontation to countertransference issues in the counselor/therapist. If counselors feel genuinely supported and nurtured in their work, they can also tolerate divergent viewpoints and challenges to their conceptualizations and techniques (Yerushalmi, 1994).

A common example of this is found in working with addictions. Pam has worked with a cocaine addicted client, Connie, for several months without any therapeutic gain. The supervisor pointed out to Pam that she was being overly compliant with her client's resistance to cocaine treatment. Connie continued to use, and convinced Pam that she was "managing" her cocaine use. The supervisor confronted Pam's passivity, and Pam was able to see how she was enabling Connie's addiction. Through the confrontation, Pam changed her therapeutic course, clearly pointing Connie in the direction of treatment for the cocaine dependence leading to inpatient hospitalization. The supervisor's judicious use of confrontation in supervision of Pam would not have been as effective without prior mutual support and respect, facilitating this challenge to her clinical strategies with Connie.

Conclusion

The challenges of the counseling profession are substantial. Counselors may be prepared to be good clinicians, but the need for ongoing recognition and support of the process of supervision often is understated. The profession needs to continue to examine the efficacy of current models of supervision as counselors face the complexities of college, school, mental health and community counseling. Supervision is much more than assessing the client, developing a treatment plan, and choosing an eclectic intervention strategy. The development of a professional, empathic, and supportive relationship is what challenges the counselor to examine emerging relationships with clients and the supervisor in order to facilitate the optimum conditions for change. By examining the dimensions highlighted in this article, counselors can better prepare themselves to take more responsibility for effective supervision and their role in it.

This article offers counselors and supervisors not only a perspective from some principles of psychodynamic supervision, but also five specific dimensions of supervision that, if ignored, could result in continued counseling resistance if not premature termination. In the development of an effective supervisory relationship, counselors affirm their capacity to discover, grow and change as a direct result of their difficult moments with clients.

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> *A man is a bundle of relations, a knot of roots, whose flower and fruitage is the world.*
>
> —Ralph Waldo Emerson

Employment Opportunities in Higher Education and Candidate Qualifications for Counselor Educators in the Next Five Years at CACREP Accredited Institutions

Perry C. Francis

Nancy R. Turner

Nearly half the entire senior faculty of all CACREP accredited counselor education programs expect to retire within the next five years (1995-2000). The majority of individuals receiving doctorates in counselor education seek employment outside of academia. This has led to concern that there will not be enough qualified applicants to fill anticipated faculty vacancies. This paper examines results of a survey of CACREP accredited doctoral programs concerning job openings for the next five years (1995 - 2000). Requested qualifications for applicants are delineated and suggested guidelines for counselor educator preparation are provided.

Employment opportunities in counselor education are said by some to exceed the supply of qualified applicants (White & Hernandez, 1989; Altekruse, 1991; Maples, Altekruse, & Testa, 1993; West, Bubenzer, Brooks, & Hackney, 1995). Maples (1989) found that during a faculty search at one medium-sized western counselor education program there was a "paucity of qualified applicants" (p. 95). Maples (1990) also reported that from 1987 to 1990 there were 352 vacancies listed in the *Chronicle of Higher Education* with the year 1990 having the greatest number with 247 vacancies listed. The reason for the plethora of vacancies, according to Maples (1989; 1990), is that many counselor educators who were trained under the National Defense Education Act (NDEA) of 1958 and the Education Professions Development Act (EPDA) of 1962-1965 will be retiring in large numbers between 1990 and 2000. The

important fact to note is not that there was an abundance of vacant positions in counselor education programs, but that there was a lack of qualified applicants for the available positions (Maples, 1989; 1990).

This study surveyed college and university counseling programs accredited by Council for Accreditation of Counseling and Related Educational Programs (CACREP) to find out how many positions would become available in the next 5 years (1995-2000) for counselor educators. CACREP-accredited programs were chosen for this study because of their ease of access. Furthermore, CACREP programs have set standards for accreditation and, therefore, create a minimum standard on which all can be measured. The purpose was to see how many vacancies there would be in CACREP-accredited programs as we approach the close of this decade given the anticipated retirement of counselor educators trained under NDEA and EPDA. Also investigated were employment opportunities created by program expansion. Finally, the study asked what factors would influence the hiring of one applicant over another (i.e., experience, research, CACREP graduate, etc.). In this way, the researchers sought to discover what requirements were sought by CACREP programs for qualified applicants.

Method

A directory of accredited programs was obtained from the CACREP office. The most current list available at the time of the survey was from January, 1994 (Council for Accreditation of Counseling and Related Educational Programs, 1994). A letter and survey were created and mailed to the CACREP liaison at each institution. A follow-up letter and survey were mailed to each institution six weeks after the first mailing. A total of 90 surveys were sent at each mailing.

Survey Instrument

The questionnaire developed for the study was reviewed for clarity and consistency of understanding by the director of the professional psychology division, the coordinator of the professional counseling program, and several faculty members of a CACREP counselor preparation program. Using this feedback, the questionnaire was refined and again reviewed for clarity and consistency of concepts. The final survey form contained 4 sections with a total of 13 questions focusing on 4 broad categories of data: a) anticipated hiring; b) hiring requirements; c) program demographics; and d) future trends for counselor education programs.

Section A (anticipated hiring) contained five questions. The questions focused on whether or not the program would be hiring new faculty, how

many new faculty, the reasons for the hiring, and whether or not the positions would be tenure track. Section B (hiring requirements) consisted of two questions asking what factors would influence the hiring requirements for the open position. Section C (demographic data) contained six questions asking for various demographic data such as university/college location, number and rank of instructors/professors, and instructor/professor gender and ethnic identity. Section D (future trends) consisted of one question seeking information on perceived trends that CACREP schools should be planning for when developing counselor education programs.

Results

A total of 82 surveys were returned (92%). One survey was unusable due to incomplete answers. The results of Section A (anticipated hiring) are summarized in table 1.

Table 1

Summary of Section A

Section A	Anticipated Hiring
Programs Hiring New Faculty	n = 82
No. of programs anticipating hiring new faculty	69
No. of programs not anticipating hiring new faculty	13
Range of Anticipated Number of New Faculty Needed	140 to 162
Faculty Position Open as a Result of:	
Retirement of Current Faculty	90 - 115
Program Expansion	36 - 47
Replacement due to Faculty Transfer	14
Faculty Position is Tenure Track	n = 69
Yes = 67 No = 2	
Preference Given to CACREP Graduates	n = 69
Yes* = 45 No = 4 Perhaps = 20	

(*Note: One respondent noted that if the applicant was not from a CACREP institution, they would require that individual to be from an APA approved program.)

Section B (hiring requirements) asked about the factors that would influence the hiring requirements for the open position. Each CACREP liaison was asked "what factors will influence your hiring requirements..." This open ended question allowed the respondents to list their particular requirements or criteria for hiring new faculty at their institution. Their answers were then grouped by similarity. The most frequent response was expertise in research or potential for expertise in research, publication and/or evidence of scholarship (45, 28.66%). The second most frequently mentioned requirement was experience in clinical work or a specific area such as agency or mental health counseling (29, 18.47%). The next most frequent responses included evidence of teaching effectiveness (16, 10.19%), school counseling experience (16. 10.19%), general congruence with a position's advertised requirements (11, 7.01%), quality of graduate program (8, 5.09%), and diversity/gender/race (7, 4.46%). These responses and the remaining responses can be found on table 2.

Table 2
Summary of Section B

Section B — Factors that Influence Hiring

Factor	Frequency
Research Potential/Experience/ Publication/Evidence of Scholarship	45
Clinical/Practice Experience	29
Evidence of Teaching Effectiveness	16
School Counseling Experience	16
Skills/Experience Fit Position	11
Quality of Graduate Program	8
Diversity/Gender/Race	7
Certificate/Licensed/License Eligible	5
Involved in Professional Organization	3
Potential Active Member of Department	2
Service to Community	2
Assessment Ability	2
Multi-Cultural Experience	2
Supervision	2
Student Affairs Experience	2
Career Development Background	1
Child & Family Focus	1
Model to Students	1
Liberal Arts Background	1
Grant Writing Experience	1

Section C (demographic data) asked for various demographic data. The results are summarized in table 3.

Table 3

Summary of Section C

Section C	Demographics	
University/College Location n = 69		
Southeast = 17	Northeast = 19	Midwest = 12
Southwest = 8	Northwest = 13	
Professor Rank n = 669		
Full Professor = 227	Associate Professor = 157	
Assistant Professor = 226	Instructor = 12	
Not-Ranked = 17	Adjunct = 30	
Ethnic Identity n = 669		
Caucasians = 486	African American = 43	
Native American = 5	Hispanic = 17	
Asian = 5	Other = 9	No Response = 104
Gender n= 669		
Male = 334	females = 223	No response = 112

Section D (future trends) asked each CACREP liaison to identify any trends that schools with CACREP accreditation should be aware of when planning counselor education programs. The most frequent responses centered around three issues: managed care/brief therapy (8); counseling licensure (5); and finding qualified faculty for school counseling programs (4). No other themes appeared in the 37 responses. Thirty-two respondents (46.38%) did not identify any trends.

Discussion

The results indicate that over the next five years the programs which responded to the survey will need between 140 to 162 new faculty to fill positions vacated due to retiring faculty or program expansion. Said in

another way, these programs will need an average of 28 to 32.4 new faculty per year for the next five years (1995 - 2000). The results also indicate that between 13.45% to 17.19% of the current faculty in the CACREP programs responding will be retiring within the next five years. Furthermore, the results indicate that there are programs which will be increasing faculty totals by 6% as the result of program expansion. If one assumes that most of those faculty retiring are at the full professor level, there will be a loss of between 90 to 115 professors at that level of knowledge and experience. That is close to half of the current full professors in all CACREP programs. This implies that close to half of the full professors will be retiring by the year 2000.

West, et al. (1995) reported that approximately 40 (17.9%) to 60 (26.8%) CACREP doctoral graduates, from a total of 224 CACREP doctoral graduates, entered academia. According to the survey respondents, those future doctoral graduates who enter teaching will need one or more of the following skills: research experience or potential and publication experience or evidence of scholarship; clinical practice and experience; evidence of teaching effectiveness; and school counseling experience.

As was noted above, an average of 224 people graduate annually from CACREP doctoral programs with an estimated 40 to 60 of those assuming positions in higher education. This exceeds the number of potential positions available in CACREP accredited programs. Zimpfer, Mohdzain, West, and Bubenzer (1992) noted that many of the doctoral granting counseling programs that are not CACREP accredited are seeking CACREP accreditation and may be looking to fill their vacant positions with CACREP graduates. If so, this will give students who have graduated from an institution with CACREP accreditation attractive qualifications for the vacant position.

Conclusions

By the end of this decade, many of the professors who were trained under the NDEA and the EPDA will have retired (Maples et al., 1993). This has led some to conclude that there is, or soon will be, a shortage of people to fill those positions. The results from this survey do not support this view when one looks at CACREP programs only. According to the results, there will be an adequate number of applicants to apply for positions created by retirement and program expansion. However CACREP programs are not the only programs that produce community and mental health counselors (Hollis & Wantz, 1993). There are 205 community counseling programs and 85 mental health counseling programs in the United States and Canada. Housed within those programs are 61 doctoral level counselor education programs. The programs returning the survey represent 28.6% of the total number of community and mental health counseling programs. If those programs not

surveyed are also facing the same need to replace retiring faculty as the CACREP programs, then the hiring pool of potential applicants becomes much smaller. When CACREP and non-CACREP programs are considered together, there will be an increased potential need for new faculty over the next five years. This may exceed the number of graduating counselor educators who typically enter an academic career. It does not exceed the total number of students graduating from counselor education doctoral programs each year.

While there is no one set of selection criteria that has been identified in this survey, one particular criterion stands out. Of particular interest and frustration to counselor education programs should be the intense interest in applicants with research potential or skills, and a publication history or ability. This requirement is of interest because it was stated by 45 of the 82 respondents. It is frustrating because respondents failed to explicitly define research potential and expertise. Since research, publication, and scholarship are often intricately intertwined, it is realistic to view them as one complex qualification. In this light, counselor education programs may wish to closely examine the degree of realistic preparation they provide in this area. Graduate students should be encouraged to work collaboratively with faculty on the preparation and publication of quality research. A review of three American Counselor Association journals for 1995 (*Journal of Counseling and Development, The Family Journal, Counseling and Therapy for Couples and Families*, and *Counselor Education and Supervision*) showed that of the 328 number of authors and co-authors, 237 were university professors, 43 were in private practice, agency setting, or administrative setting and 48 were doctoral candidates/students or master level students. The student research varied from dissertation results and master thesis results to case studies and brief articles concerning the practice of counseling. Additionally, since respondents did not explicitly delineate their definition of research skills, the authors suggest that CACREP programs should decide to encourage their students to collaborate on research in this area.

Scholarship needs to be modeled and encouraged if students seeking positions in academia are to be qualified. Both graduate schools and graduate students need to work to develop internships that provide the kind of practical experience that potential position openings require.

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Sexual Assaults and Disordered Eating In a Nonclinical Population of Women

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This study surveyed 379 female university students concerning their experiences with sexual assault and their eating and exercise behaviors. It was hypothesized that women who had experienced actual or threatened physical assault and/or rape would be the same women who would report more disordered eating patterns. Results indicated that women who self-reported a sexual assault were significantly more likely to be the same women who self-reported disturbed eating behaviors. Implications for counseling are offered.

Recently, there has been an increasing focus on two important women's health concerns: sexual assault and eating disorders. Studies have found high rates of both on college campuses, but the evidence regarding a relationship between the two is equivocal. For example, Finn, Hartman, Leon, and Lawson (1986) concluded that, despite the fact that "a very high proportion of women [57% of their sample] would have histories of both sexual abuse and some type of eating disturbance, [there is no] meaningful covariance between these variables" (p. 1059). Some researchers argue that women with histories of sexual abuse are not more likely to have or develop anorexia nervosa or bulimia nervosa (e.g., Connors & Morse, 1993; Folsom, Krahn, Nairn, Gold, Demitrack, & Silk, 1993). Other writers, though, have found a link between history of victimization and the subsequent development of eating disorders (Root, 1989a; Root & Fallon, 1988; Root, Fallon, & Friedrich, 1986; Waller, 1991, 1992a, 1992b; Westerlund, 1992), and there continue to be many reports of individual cases in which women with eating disorders assert that sexual victimization precipitated their eating problems.

One of the patterns emerging in the assault and eating disorder research is that studies on clinical populations tend to find significant relationships between the two issues; however, to date, no study on a nonclinical population of women has found a significant relationship between eating behaviors and histories of assault. Therefore, the purpose of this study was to provide a larger nonclinical sample in which to investigate the association of sexual abuse and disordered eating behaviors. Although recent studies using nonclinical samples have not found a significant relationship between sexual assault and disordered eating behaviors, the present study argues that this may be due to the limited definitions of disordered eating and sexual abuse on which those studies rely (e.g., using DSM III or IV definitions of eating disorders for a nonclinical population may not be comprehensive enough to capture subclinical eating problems which may later result in eating disorders). By offering broader definitions of disordered eating behaviors and sexual abuse, the investigators sought to identify women displaying the full range of behaviors associated with disordered eating as well as those who have been forced to engage in sexual behaviors against their will.

For this study sexual assault was defined as unwanted sexual experiences including coercion, attack, and rape based on responses to the Sexual Experiences Survey (SES; Koss & Gidycz, 1985; Koss & Oros, 1982). Coercion included unwanted, yet consented, sexual experiences (e.g., threatened to end your relationship). Attack included physical contact, or threats of physical contact, demanding sexual favors without intercourse actually occurring. Rape was defined as unwanted, unconsented intercourse. Attack has been included because the trauma of an attempted rape can be as traumatic or severe as a rape. Disregarding attacks as a sexual assault may have been a contributing factor leading to insignificant findings when previously trying to link sexual assaults and disordered eating.

Based on responses to the Weight Management Questionnaire (WMQ; Mintz & Betz, 1988; O'Halloran, 1989), women were categorized into one of the following groups: normal eater, chronic dieter, purger, binger, subthreshold bulimic, or bulimic. Normal eaters report no dieting behaviors and no binging or purging behaviors. Chronic dieters are women who report dieting behaviors (e.g., counting calories) which do not include binging and purging. Purgers are women currently reporting purging behaviors (e.g., vomiting, laxative use, and diuretic use), but who do not report binging behaviors. Bingers are women who currently identify problems with binge eating (e.g., eating a large amount of food during a time period of two hours of less) at times other than meals, but these women did not report purging behaviors. Bulimics were women currently reporting binging more than eight times a month and using purging behaviors. Subthreshold bulimics have all the features of bulimia, but the frequency of binges are less than eight per month.

Methodology

Subjects and Procedures

A total of 379 female undergraduate and graduate students in a small western university participated in this study. The average age of the participants was 22. The majority of the subjects were white (93.6%, n=365). Participation was voluntary and there were no penalties for not participating. Questionnaires were distributed and completed in university classes. Individual consent forms were signed by each participant prior to completing the questionnaire.

Instruments

Sexual Experiences Survey. The Sexual Experiences Survey (SES; Koss & Gidycz, 1985; Koss & Oros, 1982) was administered to determine the subject's sexual assault classification (i.e., no assault, coerced, attacked, raped). This version of the SES was used by Koss, Gidycz, and Wisniewski (1987) to classify sexual aggression in such categories as no sexual aggression or victimization, sexual coercion, attempted rape, and rape. A total of 11 yes or no questions were utilized. Previous internal consistency reliability for the SES is .74 and the test-retest agreement rate between administrations one week apart was 93% (Koss & Gidycz, 1985). The validity of the SES was assessed (Koss & Gidycz, 1985), and the Pearson correlation between a respondent's self-report of level of assault and respondent's responses to an interview several months later was .73 ($p < .001$).

Weight Management Questionnaire. The Weight Management Questionnaire (WMQ; Mintz & Betz, 1988; O'Halloran, 1989) is a 31-item self-report questionnaire which may be used to categorize subjects into one of six eating behavior categories: normal eater, chronic dieter, purger, binger, subthreshold bulimic, or bulimic. We stress that these are behavioral categories and not diagnoses under either the DSM-III-R or DSM-IV, such diagnoses require information on psychological responses to weight and appearance that this version of the WMQ does not address. We draw this distinction for two reasons. First, diagnostic categories have changed substantially over the past 10 years. For example, the DSM-III defined individuals who binge eat as bulimic whether or not they purged, while the DSM-III-R labeled only persons who both binged and purged as bulimic. A focus on consistent behavioral categories avoids the ambiguity such changes have introduced in the literature. Secondly, the major health risks posed by eating problems derive from individual's actual behavior and not from their self-perceptions or fears of food (O'Halloran, 1993). The WMQ is comprised of three sections:

frequency of various eating behaviors, exercise, and binge eating. The mean two week test-retest agreement rate for the eating behaviors section was .79. The mean two-week test-retest reliability for the exercise section was .90, and for the binge eating section was .82 (O'Halloran, 1989). The WMQ has not been validated by clinical interviews or clinical judgments; however, several studies have used the WMQ to categorize respondents into such groups as bingers, purgers, and bulimics (Mintz, O'Halloran, Mulholland, & Schneider, 1997).

Analysis of Data

The numbers and percentages of subjects who fell into each eating category and sexual assault category were determined. Due to the categorical nature of this study, differences among eating behavior and sexual assault categories were examined by chi square analyses.

Results

Respondents in the study were first categorized by sexual assault. There were 134 women (35.4%) categorized as no assault, 27 (7.1%) were categorized as coerced, 58 (15.3%) were categorized as attacked, and 160 (42.2%) were categorized as raped. Of some concern was the large number of women meeting the definition of raped. A review of assault literature revealed that our percentage was high, yet not unrealistic (e.g., Calam & Slade, 1989; Waller, 1991). Secondly, subjects were placed into eating behavior categories. There were 126 (33.3%) normal eaters, 130 (34.3%) chronic dieters, 28 (7.4%) purgers, 27 (7.1%) bingers, 57 (15%) subthreshold bulimics, and 11 (2.9%) bulimics. These numbers are similar to many other studies conducted on college samples.

The results of the chi square analysis yielded a significant relationship ($\underline{X}2=31.13$; $\underline{df} = 15$; $p \leq .008$) (See Table 1). There was a significant relationship found between eating behaviors and histories of sexual assaults. In an attempt to better illustrate the relationship between disordered eating and sexual assault, sexual assault categories were collapsed into two categories, no assault (no assault and coerced) and assaulted (attacked and raped), and eating behaviors were collapsed into no disorder (normal eaters and chronic dieters) and disordered (bingers, purgers, subthreshold bulimics, and bulimics). As expected, this relationship was significant ($\underline{X}^2 = 13.68$; df = 1; $p < .001$) (See Table 2).

Table 1

Chi Square Table with Frequency and Row, Column, and Overall Percentages of Respondents by Eating Behavior and Sexual Assault Categories

	Sexual Assault				
Eating Behavior	No Assault	Coerced	Attacked	Raped	Total
Normal	54	11	17	44	126
	(42.9%)	(8.7%)	(13.5%)	(34.9)	
	(40.3%)	(40.7%)	(29.3%)	(27.5%)	(33.2%)
	(14.2%)	(2.9%)	(4.5%)	(11.6%)	
Chronic	50	10	21	49	130
Dieter	(38.5%)	(7.7%)	(16.2%)	(37.7%)	
	(37.3%)	(37.0%)	(29.3%)	(30.6%)	(34.3%)
	(13.2%)	(2.6%)	(5.5%)	(12.9%)	
Binger	5	3	3	16	27
	(18.5%)	(11.1%)	(11.1%)	(59.3%)	
	(3.7%)	(11.1%)	(5.2%)	(10.0%)	(7.1%)
	(1.3%)	(0.8%)	(0.8%)	(4.2%)	
Purger	8	1	3	16	28
	(28.6%)	(3.6%)	(10.7%)	(57.1%)	
	(6.0%)	(3.7%)	(5.2%)	(10.0%)	(7.4%)
	(2.1%)	(0.3%)	(0.8%)	(4.2%)	
Subthreshold	16	2	8	31	57
Bulimic	(28.1%)	(3.5%)	(14.0%)	(54.4%)	
	(11.9%)	(7.4%)	(13.8%)	(19.4%)	(15.0%)
	(4.2%)	(0.5%)	(2.1%)	(8.2%)	
Bulimic	1	0	6	4	11
	(9.1%)	(0.0%)	(54.6%)	(36.7%)	
	(0.0%)	(0.0%)	(10.3%)	(2.5%)	(2.9%)
	(0.3%)	(0.0%)	(1.6%)	(1.1%)	
Totals	134	27	58	160	379

Note: X2 = 31.13; df = 15; p < .008

Table 2

Chi Square Table with Frequency and Row, Column, and Overall Percentages of Respondents by Presence or Absence of Sexual Assault and Eating Behavior

	Eating Behavior		
	No Disorder	Disordered	Total
Assaulted: Yes	131	87	218
	(60.0%)	(40.0%)	
	(51.2%)	(70.7%)	(57.5%)
	(34.6%)	(23.0%)	
Assaulted: No	125	36	161
	(77.6%)	(22.4%)	
	(48.8%)	(29.3%)	(42.5%)
	(33.0%)	(9.5%)	
Totals	256	123	379
	(67.5%)	(32.5%)	

Note: $X2 = 13.68$; $df = 1$; $p < .001$

These results suggest that the presence of currently reported disordered eating in women may be in part a function of a reported history of previous sexual assault. In particular, 70% of the respondents who were identified to have disordered eating patterns also reported a history of a sexual assault or rape. However, subjects who reported nondisordered eating patterns were just as likely to report no history of sexual assault (48.8%) as to report assault (51.2%). This result supports the idea that a sexual assault may be only one contributing factor to disordered eating behaviors.

Discussion

The findings from this study provide strong support for the hypothesis that women with disordered eating patterns have experienced sexual assault more often than women without such eating patterns. While disordered eating behaviors are not caused by any single factor (Connors & Morse, 1993),

these results suggest that such eating behaviors should be studied and included as a possible reaction to sexual assault. Again it is important to note that a causal relationship has not been established. What has been established is that the women reporting histories of sexual assault are likely to be the same women reporting disordered eating patterns. We believe that the strength of the relationship evident in our data derives, in part, from our focus on a wide range of both assault types and eating behaviors. We suspect that the equivocal results of many other studies may stem from narrower definitions of both of these variables.

What is still not known is which came first, the disordered eating behavior or the assault. One cannot assume that obtaining a history of assault and relating that to current eating behaviors implies that the assault came first. Additionally, the time between an assault and the development of disordered eating may not be immediate. Therefore, some of the subjects in this study who reported a sexual assault, yet did not report disordered eating behaviors, may still adopt patterns of disordered eating. Also, survivors of assaults may previously have had disordered eating behaviors, yet currently report normal eating patterns. What is clear is that women who have been assaulted are more likely to report disordered eating than those who have not been assaulted.

Implications for Counselors

Assessment of Presenting Problems

The results from the current study indicate that it is important to ask about both eating behaviors and unwanted sexual experiences, whether in an initial assessment with a client or in the context of research projects focused on the development and/or outcomes of either of these problems. We have found it useful to give clients an intake form asking them to check off past or current concerns which have brought them to counseling. We include, along with other items concerning psychosocial stressors, whether the client has experienced unwanted sexual contact and if they have concerns about their eating behaviors. If either of these items is checked, the intake interviewer can encourage further discussion during the initial interview. Both Wadsworth, Spampneto, and Halbrook (1995) and Rohsenow, Corbett, and Devine (1988) encourage the direct exploration in the early stages of counseling. Briere and Runtz (1987) encourage all counselors to be aware of the incidence and effects of sexual abuse, particularly because the shame and secrecy involved in sexual assaults reduce the likelihood that clients will speak about them if they are not the presenting problem in therapy. Counselors are encouraged to be

proactive in asking about sexual assault and to be skilled in helping clients to deal with its effects.

Treatment Implications

Although our data indicate that counselors should commonly encounter women with both eating problems and an experience of sexual assault, our experience has been that it is not common for clients to discuss both of these as presenting problems. As we have just noted, it is important that the intake and initial assessment process be designed to seek information on additional issues which need to be addressed in therapy. When a client is dealing with both eating problems and sexual assault, it is particularly important to understand the relationship between the two in designing a program of therapy.

Even though our data do not directly provide insight into why there is a relationship between eating problems and sexual assault, it is clear that there is a relationship. We do not doubt that many women had eating problems before being assaulted, but the greater frequency of such problems among assaulted women suggests either that having an eating problem predisposes one to being assaulted, which we doubt, or that eating problems often grow out of the experience of being assaulted, which we think is likely. For some assaulted women, problematic eating behaviors such as binge eating may have several functions, such as a way of providing self soothing, avoiding painful feelings and images, or coping when feeling stressed, depressed, or anxious. This suggests that therapists working with a client with both of the problems we have addressed here will often have to treat an eating problem as a pattern of behavior which developed as a means of coping with the aftermath of an assault experience. The literature on sexual assault is divided on how to do this.

When eating disorders and history of sexual abuse are present, treatment needs to focus on both concerns lest treatment for one problem be less effective (Johnson, Tobin, & Dennis, 1990; Waller, 1991). There has been an ongoing debate in the substance abuse and sexual trauma literature about what problem needs to be addressed first. Some writers strongly recommend that a client needs to abstain from mood-altering behavior, including disordered eating, before sexual trauma can be treated, while others just as strongly suggest that, unless the sexual trauma is dealt with, the possibility for relapse into other problematic patterns of behavior is high.

For example, Root (1989b) argues that a focus on treating substance abuse before sexual trauma is problematic, because substance abuse is the only coping mechanism many traumatized clients possess. She recommends help-

ing a client to develop more positive coping skills as they work toward recovery. Similarly, we suggest that a counselor cannot work solely on removing the symptoms of an eating disorder and then address the sexual trauma. Often the issues become inextricably intertwined. For example, in an effort to gain control over the body after feeling powerless and violated, a woman may become very controlling about food and ritualize the preparation and ingestion of foods. Issues of eating, body image, and sexual assault can be discussed with a client if a counselor can help her to see that her effort to control every morsel of food, every moment of exercise, and every pound on the scale is a way of trying to gain back the control she felt was taken from her when she was coerced into sex against her will.

While data such as those presented here indicates fairly clearly that there is an association between disordered eating and sexual abuse, there is still disagreement in the literature about the nature of the relationship. Regardless of this disagreement, counselors engaged in assessment and treatment of eating disorders and of sexual assault must be sensitive to the co-occurrence of each in the same individual. Many sexual trauma survivors also suffer from eating disorders and mind body distortions (Gutwill & Gitter, 1994a, 1994b). Counselors must have flexibility in sometimes focusing on issues surrounding the abuse to the apparent exclusion of the eating disorder and other times more clearly focusing on the eating disorder. However, treatment of both eating disorders and sexual abuse have areas of commonality, such as sense of empowerment and control over one's body, and treatment of one does often impact the other. Recognizing and exploring these common themes in treatment can both help to resolve the client's concerns and to gain new skills for the future.

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"*Oh, every year hath its winter,*
and every year hath its rain—
But a day is always coming
When the birds go north again."

—Ella Higginson

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"You got to be very careful if you don't know where you're going, because you might not get there."

—Yogi Berra

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